		REGISTRAR			CERTIFICAT	E OF DEATH		REG. NO.		
		CEASED NAME FIRST		MIDDLE	LAST		2a. DATE OF	DEATH MONTH	DAY YEAR	2b. HOUR
poge 3	(ITPE	CATH	ERINE	Elaine	ADA	ms		APRIL	12,1983	6:21PN
pog	3. SE	X	4. RACE		5. DATE OF BIRT	H DAY YEAR		EARS LAST BIRTHDAY	MONTHS DAYS	HOURS MIN.
de de		F	W			22 191		YRS.		
P. P		RTHPLACE (STATE OR FOREIGN	76. CITIZEN O	F WHAT COUNTRY?	8.	NEVER MARRIED		RE CITY OR COUNT	Y OF DEATH	
8 11 3	1	Marvland	U.S.	Α.	WIDOWED	DIVORCED	101	icomico		MD
b 93 87/	10. C	TY OR TOWN OF DEATH		F HOSPITAL, NURSIN				OCCUPATION FOR MOST OF WORKING		OF BUSINESS OR
rs of		Salisbury	Pen	uch Facility, GIVE STREET,	eneral	Hospit	al Hous	ewife	Nor	ie
0 5 2	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	134. CITY OR TOW	ADMISSION)	SIDE CITY LIMIT	S? 13e. STREET	ADDRESS	-2	1801
Filled 24			comico					, Mobile	e Home	Park
2 sh	14 FA	THER'S NAME	MIDDLE	LAST	15. M	OTHER'S MAIDER		WIDDLE	LAS	
b old on o	Wi		boow	Hastings		Blanche	e Vi	rginia	Daise	
d co	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES					ckHol:		
n ond co	,	NO	E WAR ON DATES	215-36-	1322 L	ot #40	Delmar	Delawa	are 199	340
ficate b hysicio popers taval ent, the		18 CAUSE OF DEATH (Enter or	ly one couse p	er line for (o), (b), one		(A)				ONSET AND DEATH
physic physic mpope maval		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)_	assira	tom lai	line				
ding or re otre		4910	DUE TO		web.			A-17-13-50		
death itten ion,		Conditions, if any, which	( 10)	chronic	Oblivel	in Mul	money 1	rlisease		
y the otter e remove cremation ther troum		gave rise to immediate cause (a), stating the	DUETO	OR AS A CONSEQUE	NCE DE	7	0			
		underlying couse lost.	100000	OR AS A COMMENT	THE OF		V			
gned by n pleat		PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO D	EATH BUT NOT R	ELATED TO THE	TERMINAL DISEAS	E OR CONDITION G	IVEN IN PART 1	0
op of the sign of	CERTIFICATION	homo	atremi	a						
been prior prior	CAT	190 DATE OF OPERA		DITION FOR WHICH	OPERATION WAS	PERFORMED	200 AUTO	PSY? 20b. IF Y	ES, WERE FINDI	NGS USED
bos pos	TIFE						YES 🗆		ES [	NO [
HYSICIAN: The ding physicion is certificate buriol-transit in buriol-transit in them to Hygoer them 18 shoots or the shoot	CER	21a. ACCIDENT WAS UNDERLYING	1	OF INJURY A.M. MONTH DA	Y YEAR 21c. H	HOW INJURY OC	CURRED (ENTER NA	TURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
ding ph ding ph is certifi buriol-tr Mentol	AL	OR CONTRIBUTING CAUSE OF DEA	110	P.M.	19					
HYS nding his c bur d Me	MEDICAL	214 INJURY OCCURRED	21e. PLAC	E OF INJURY		OCATION		CITY OF TOWN	COUNTY	STATE
G Pt otten ter th s the s the rked or	\$	WHILE NOT WHILE AT WORK	(AT HOME	STREET, FACTORY, OFFICE F	ARM, ETC )	SINCET				3.7.1
APIN OF SE O	Η.	22a.1 certify that (1) (this haspi	tal) attended	the deceased from	anil	7, 19 8	3_, to_(	Umil 12	19 83	that (I) (we) lost
TTEN pritol TOR for u of H		sow the deceased alive on above, (1) (was (did) (did as	un		3 and that	in (my) (aur) opi	inion deoth accurre	d on the date and he	our and from the	couses stoted
OR A DIREC Oched Dept.		22b. SIGNATURE			A DEGRE	E			22c. DA E	SIGNED
		Kodn	red a	· Wennio	h me	ATTENDIN	NG MEDICAL AN DIRECTOR	STAFF	41	12/83
HOSPITAL ned by th FUNERAL III be detected the State ORTANT: II		22d. PHYSICIAN'S NAME LTYPE O	OR PRINT			ADDRESS	- DIRECTOR		- 1	
수를 크림부 80		RODNEY	(A.	WENRIC	H I	OO POWE	R ST.	SALI	SBURY	me
Show with	23a F	BURIAL, CREMATION, REMOVAL	23b. DATE		IAME OF CEMETE		ORY 23d. LOCA	ATION		
BP		Burial			arsons		CITY	isbury	Wic	Md.
	24. FI	JNERAL DIRECTOR	4-1:	J 1903 P	IL SUITS			EGISTRAR ZUTREGI	1 100 00	
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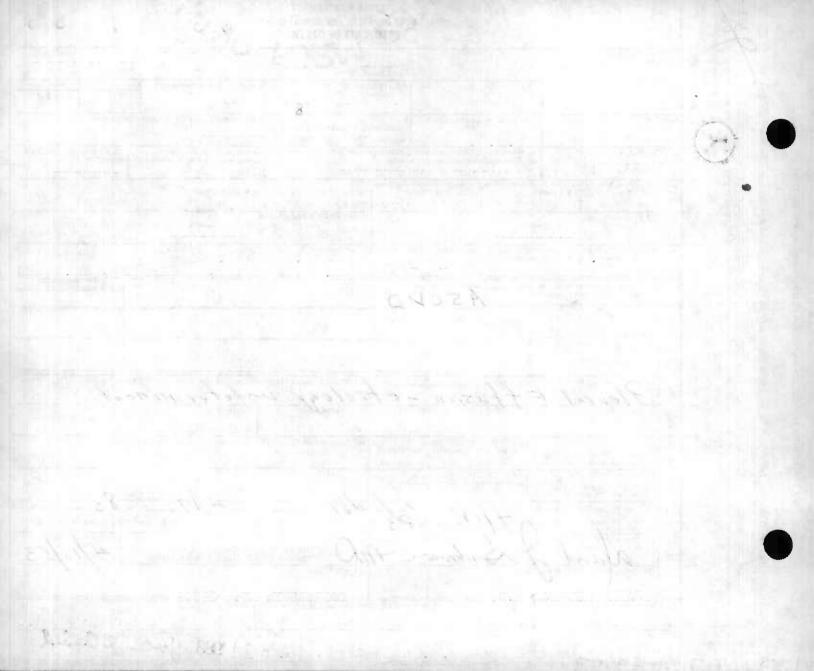
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

AND MARKETON - XEMPLEM A LOCALY AND

	1.	FOR	DEPARTMEN	STATE OF MARYLAND T OF HEALTH AND MENTAL HYC	SIENE 8 3 1	1564
24	1.	STATE REGISTRAR	•	ERTIFICATE OF DEATH	REG. NO.	
0		CEASED NAME FIRST	MIDDLE	A F /	20. DATE OF DEATH MONTH	DAY YEAR 2b HOUR
y be		IRE		HOKINS	HORIL. 1-	1983 1310 M
(M)	3. SE	Female		DATE OF BIRTH SEPT. 23, 1922	6. AGE (MN YEARS LAST BIRTHDAY)  60 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAY'S HOURS MIN.
deoth. Pag	9	RTHPLACE (STATE OR FOREIGN COUNTRY) DELAWARE	USA	MARRIEDX NEVER MARRIED I	9. BALTIMORE CITY OR COUNTY WICOM	
on softer of sof		alisbury	11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDR Peninsula Gene:	ress)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY
24 hour filled in ould be in			OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 445 N.W. 32	CT. 33309
MARYLAND ed within 24 mplerely fille, ond 2 should	4 14. F.	THER'S NAME ROLLIE MURR	MIDDLE LAST	IS MOTHER'S MAIDEN NA	MURRAY	LAST
BALTIMORE, MA core be executed spers. Pages 1 or vol.		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 16b. SOCIAL SECURITY GIVE WAR OR DATES)		ADDRESS DKINS, FT.LAUD	ERDALE, FLA.
RDS, 201 W. PRESTON ST., requires that the death certification of the other diagnost a signed by the other diagnost company to the please removisor common injury, or other troumatic ever	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE (b)  DUE TO, OR AS A CONSEQUENCE (c)  T CONDITIONS CONTRIBUTING TO DEA	EOF	MINAL DISEASE OR CONDITION GIV	L/enns (EN IN PART NO.
AL RECOR	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPI	ERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED SYING CAUSES OF DEATH?
NG PHYSICIAN: The low requires the other ding physicion. Ifter this certificate hos been signed it on the buriot-tronsit permit. Then plea to and Mentol Hygiene prior to buriol, orked or them 18 shows ony injury, or a content of the plant	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH DAY  VER)  P.M.	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM IB. P	ART I OR PART 2}
NG PHY offer this os the but hand M orked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM,	ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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by the hor ERAL DIRE e detoches e detoches State Depr		27% SIGNATURE	May	DE GREE  ATTENDING PHYSICIAN  22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 4-5-83
TO HOSPITAL Febined by 11 TO FUNERAL with the State with the State	00	/			1234 LOCATION	
19999 BP		BURIAL, CREMATION, REMOVA BURIAL	4-2-83 LAUD	PERDALE MEMNEA	RD-FT.LAUDERDA	L'ENTEROWARD, FL
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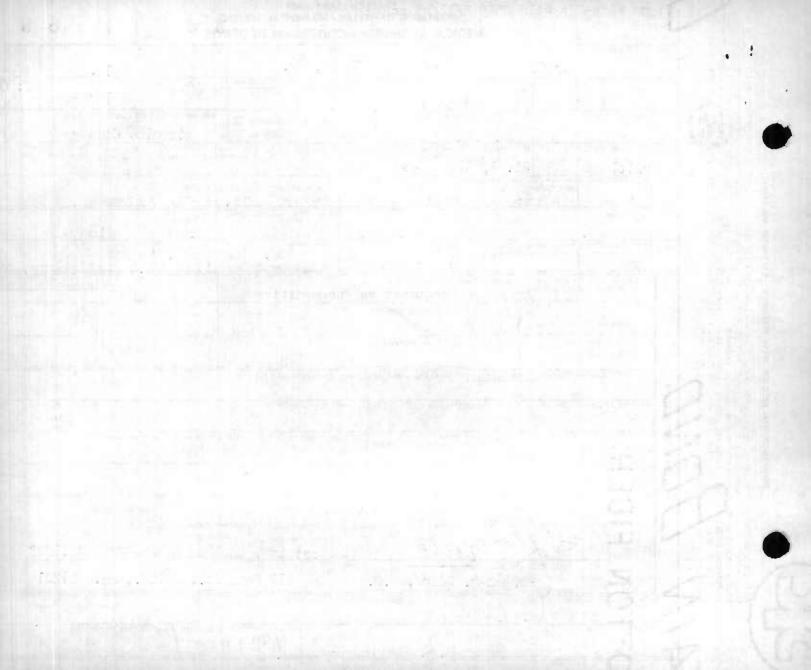
70		١,	FOR ZipCode	21829	DEPARTM	STATE OF MA	ND MENTAL HY	GIENE 8 3	1 1 5	6 5
		Ι'	REGISTRAR			CERTIFICATE	OF DEATH	REG. NO.		
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ffer	11 100	10.0	IT OR TOWN OF DEATH		FACILITY, GIVE STREET A	G HOME OR OTHER	RINSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	DRKING LIFE) INDUSTR	OF BUSINESS OR
1201 Wrs o	44	S	AL RESIDENCE (IF NURSING HOME	Peninsu	la Gene	ral Hos	pital	Carpenter	HOL	15174
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YLA	2 sh	14. F	ATHER'S NAME	1	O II GILI.		HER'S MAIDEN NA			
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RE,	Poges 1		WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166. SOCIAL SECUR	ITY NO. 17. INFO	DRMANT	ADDRESS	- 1	
TIMO be ex	0 4		YES NOOR UNKNOWN) (IF YES (	54-56	218243	940 De	lores 1	A. AdKins, E	pirdletre	e, Md.
<b>BAL</b>	□ 0 = ±		18. CAUSE OF DEATH (Enter	only one couse per li	ine for (a), (b), and	1 -11.				NONSET AND DEATH
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ESTON death o	attendin nave corb lotion, ar troumatic			DUE TO, OR	A CONSEQUE	NCE OF T	Cardina	uscular Dun	in. V	Ks
e de			Canditions, if any, which gove rise to immediate	(b)	4ram	Janua	accurrent,	000000000000000000000000000000000000000		
JI W. PR	ed by the lease re ial, cren ar ather		cause (a), stating the underlying cause last.		AS A CONSEQUE	NCE OF				
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ECO ow	rmit.	CERTIFICATION	190. DATE OF OPERATION	196. CONDIT	ION FOR WHICH (	PERATION WAS P	ERFORMED	20a AUTOPSY? 20	6. IF YES, WERE FIND	INGS USED
AL R	icate has ronsit pe Hygiene 18 shaws	E E						YES NO	YES [	NO [
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SICI	certification of plants	WEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	IER) P.M		19				
ISION PHYS!	or ottending physicion.  After this certificate has se as the burial-transit per oith and Mental Hygiene marked or them 18 shows	MED	21d. INJURY OCCURRED  WHILE NOT WHILE	210. PLACE O (AT HOME STREET	F INJURY Et. factory, Office, Fa		CATION STREET	CITY OR TO WN	COUNTY	STATE
DIA S	After as tallith a		AT WORK - AT WORK			de	23	dhr		
- GA			220.1 certify that (IF) this has			3 and that in	(qur) anining	death accurred on the date of		, that (we) last
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AL OF	€ 0 % 0 ±		Smile	d Ma	um	NO	ATTENDING PHYSICIAN	MEDICAL STAFF	4	16/83
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_		23a.	BURIAL CREMATION, REMOVA			AME OF CEMETERY	OR CREMINIORY	23d. LOCATION	COTINEA	STATE
	BP	24 5	1341171	4-18-	83 St	ringhill	Meth.	Girdlete	ce. Mar.	yland
	H - 16 50M 4/B2	24. 1	UNERAL DIRECTOR	100	ADDRESS	11.41 A	250 DA	R 2 1 1983	REGISTRADE SIGNA	mile
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9	1.	STATE REGISTRAR			ICATE OF DEATH	REG. NO		2 0 1
£ 4		CEASED NAME FIRST OR PRINT)	MIDDLE	Ba	AST	2a. DATE OF DEATH	AONTH DAY YEAR	1 39
deat	3 SE	Lenora	I RACE	S DATE C	DE RIPTH	AGE (IN YEARS LAST BIRTH	1-21-83	S O PM
3		emale	White	Aug.	DAY YEAR	85	MONTHS OA	LYS HOURS MIN
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£ /6//	10 C	TY OR TOWN OF DEATH		URSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N 126 KIN	D OF BUSINESS OR
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	_		omico Mard	ela	YES 🖟 NO	Church S	treet	
221			MIDDLE	51	15 MOTHER'S MAIDEN NAM	MIDDLE		LAST
14		ilas D. Majo:		L SECURITY NO	Bertha Abbo	ADDRE:	SS	
the d	N	ES, NO OR UNKNOWN) (# YES, GM	E WAR OR DATES)	10-6704		Bailey Ma		13
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carbon pa on, or rem traumatic		4292 MMEDIA	DUE TO, OR AN ACOM	RECHIENÇE DE	1	64		1
		Canditians, if any, which	( 1b) 150	5000	atrial	- t15		V. S
remati		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF				
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to burial y injury,	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR COND	IT ION GIVEN IN PART	1601
prior As an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIN	
sho	TIFIC	ester establish				YES NO NO	YES	SES OF DEATH?
Hygi m	CER	21a. ACCIDENT WAS UNDERLYING	4100110 A A4 44 00017	H DAY YEAR	214 HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART	2)
fental H	CAL	OR CONTRIBUTING CAUSE OF DE	nin .	19		THE RESERVE		
	MEDICAL	216 INJURY OCCURRED	21R PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	N COUNTY	STATE
£ Ë	-	WHILE NOT WHILE AT WORK						
Heal Heal 21 is		220.1 certify that (1) (this hasp	1/14	79	7-6 183		19_11	that (1) (we) last
tem		tove, (I) (we) (did) (did no	of yew the body after death.		nd that in (my) (aur) apinian di	earn occurred an the da	The state of the s	ATE SIGNED
Dep Dep	-	V/V/10	die	1~	DEGREE ATTENDING	MEDICAL STAF	F   11.	27-82
State		22d. PHYSICIAN'S NAME (TYPE O	SP PRINT)	u.	PHYSICIAN [	DIRECTOR   PHYSICI	ANM 9	20 03
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should be detact with the State IMPORTANT:	23o I	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	0041/	
	É	urial	4-24-1983		a Cemeterv	Mardela	Wicomico	STATE OM C
U 16 2514	24. F	UNERAL DIRECTOR	ADDI		250. DATE	REC'D. BY REGISTRAR	Sh. DEGISTRAR'S SIGN	
MH-16 25M	Ma		Tomo T I I come	7) - 7	D T AP	2 5 1983	Jalen De	Capiela

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	L	FOR STATE REGISTRAR		STATE OF MARYLAND LENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	KEG. 140		6 9
death be		CEASED NAME PRIST LIONE	RACE	Bennett  S. DATE OF BIRTH	April 16 AGE IN YEARS LAST BIRT	1983 HDAY) IF UNDER I YEAR	2b. HOUR  2200 M  IF UNDER 24 HRS.
		MALE RTHPLACE (STATE OF FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OF	YRS.	HOURS MIN.
ofter door	10 C	alichury	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Peninsula Ger		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 12b. KIND OF	MD. BUSINESS OR
ARYLAND 2120  I within 24 hour  pletely filled in th  and 2 should be fill  cominer must be	13a.S	AL RESIDENCE (IF NURSING HOME OR OT INTERPRETATE OF THE PROPERTY OF THE PROPER	HER INSTITUTION GIVE RESIDENCE BEFORE  NENSE COIST	ADMISSIONI	134. STREET ADDRESS	eld Rol	2/817
mARY omplete on 2	16a. V		DENA DED FORCES? 166 SOCIAL SECU	Jett PAULIN	e MIDDLE	SS	ven
BALTIMORE, icote be executioned coppers. Poges ovol.		8 CAUSE OF DEATH IEnter only PART I. DEATH WAS CAUSED 1	one couse per line for (o), (b), one	1484 MArgare		PNNET SC BETWEEN ON	AATE INTERVAL NSET AND DEATH
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	CERTIFICATION		7PSIS	OPERATION WAS PERFORMED  OF PANCROAS	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF	GS USED
NG PHYSICIAN: The low requires of the broad-required physician.  Offer this certificate has been signed to state build-transit permit Therm to and Mental Hygiene prior to border or the man Shows ony injury.	MEDICAL CERT	21a, ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF GEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.	21c. HOW INJURY OCCUP 19	RED (ENTER NATURE OF INJUR		
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a-I certify that (I) (this hospital	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	city of to		state that      (we) lost
At OR ATTEND the hospitol o At DIRECTOR: A teroched for use teroched for use teroched for use		sow the decessed alive on above (1) We (side india now 2th Signature		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	22c. DATE S	
TO HOSPITAL Cretoined by the TO FUNERAL Established be detoined with the Stote EMPORTANT. If		C. J. Schaet	ma	SALSOU			
BP		Chemation UNERAL DIRECTOR	4/12/1983/	PLM AT VA CTEMATORY  1250 DA	TONY LEW TE REGISTRAR	CS SUSSE	Y DE L
DHMH - 16 50M 4/B2 (VRA 15, 4)	P	PAKEN + BOUN	lds SALISKU	INY, Md. AP	P 1' <b>3</b> 1983	The o Car	:. 1

THE RESIDENCE OF THE PARTY OF T Long L Bennett Apai H 1984 | Proc New Jorkson, U.S.A. Wall MARYLAND SOMESTICATED TO SEE AND SERVICE OF THE SER Herbert Land Andrew Town BE SEE THE WALL WITH THE MANAGEMENT OF THE SEEDER The second of th A STORAGE OF THE STOR Cremation + /13/17/17/26 Fet Acta Frenchist Lewis States La Baken thought to sustanting the Pear The Stantage

BOND BOND BOND BOND BOND BOND BOND BOND	UNDER LYEAR IF UNDER NTHS DAYS HOURS OF DEATH  126. KIND OF BUSIN INDUSTRY  LAST
3 SEX  4 RACE  5. DATE OF BIRTH  MONTH  DAT  TEAR  8. AGE (IN YEARS LAST BRITHDAY)  FOR DAT  VEAR  10. BIRTHPLACE (STATE OR FOREIGN  COUNTY OF  COUNTY OF  COUNTY OF  COUNTY OF  TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT; IN SUCH FACILITY, GIVE STREET ADDRESS)  130. STATE  131. CITY OR TOWN  131. CITY OR TOWN  132. CITY OR TOWN  133. STATE  134. STATE  135. MOTHER'S NAME  FIRST  MODLE  LAST  155. MOTHER'S NAME FIRST  MODLE  156. WAS DECEASED EVER IN U.S. ARMED FORCES?  167. SOCIAL SECURITY NO.  176. LIT INFORMANT  ADDRESS  ADDRE	DE DEATH  126. KIND OF BUSIN INDUSTRY  LAST
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M () ATTENDING MEDICAL STAFF	121. DATE SIGNED
224 PHYSICIAN'S NAME (TYPE OR PRINT)  226 ADDRESS  227 ADDRESS	1/25/
THOMAS C. HILL JR Pine Bluff Road, Saling	
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Holloway Funeral Home Salisbury, Md

(VRA 15, 4) 1/79

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## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20. DATE OF DEATH MONTH DAY (TYPE OR PRINT) SIMEON BRICE BROWN April 28 5. DATE OF BIRTH 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR 28 1907 To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Wicomico DIVORCED Maryland WIDOWED IL CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Fruitland Main St Brick Laver USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 513 E. Main Street Fruitland YES T Marvland Wicomico NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Marcellus Pryor Brown Lottie ADDRESS 14n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Mattie S. Brown 216-10-9024 NO Main St. Fruitland, Md. 21826 18 CAUSE OF DEATH (Enter only one cause per line fag (a), (b), and ic PART I. DEATH WAS CAUSED BY denscarcinsma of months with DIMMEDIATE CAUSE IN Conditions, if any, which gave rise to immediate couse to , stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES T 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital cattended the deceased from saw the deceased alive an 1711 27, above, (I) (we) (did not) view the bady after death and that in (my) (ess) apinion death occurred an the date and hour and from the causes stated 226. SIGNATURE DEGREE

ATTENDING PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS

Holloway Funeral Home P.A.

Médical Center, Salisbury, Md.

DE DIRECTOR PHYSICIAN

STAFF

MEDICAL

YEAR

.1983

INDUSTRY

DAYS

IF UNDER I YEAR

2h HOUR

HOURS.

12b. KIND OF BUSINESS OR

Mason

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

COUNTY

22c. DATE SIGNED

IF UNDER 24 HRS

Raymond M. Yow M.D. 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE COUNTY

Salisbury,

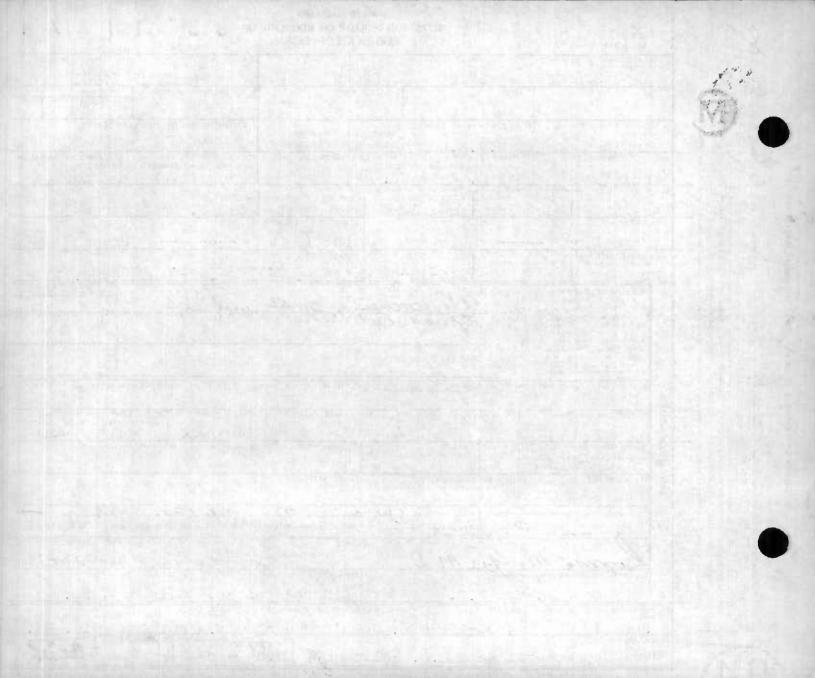
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DHMH - 16 50M 7/77 (VR A 15 (4))

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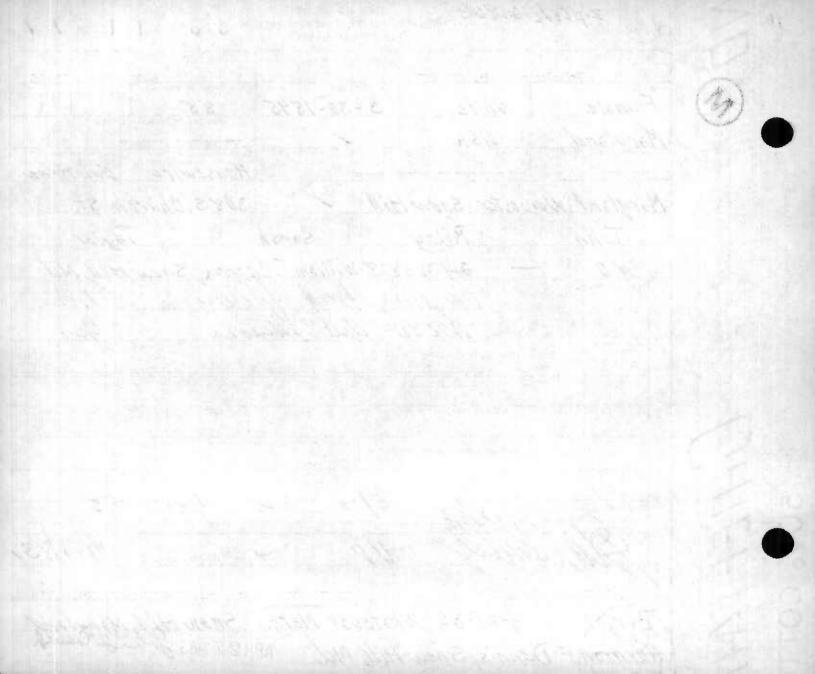


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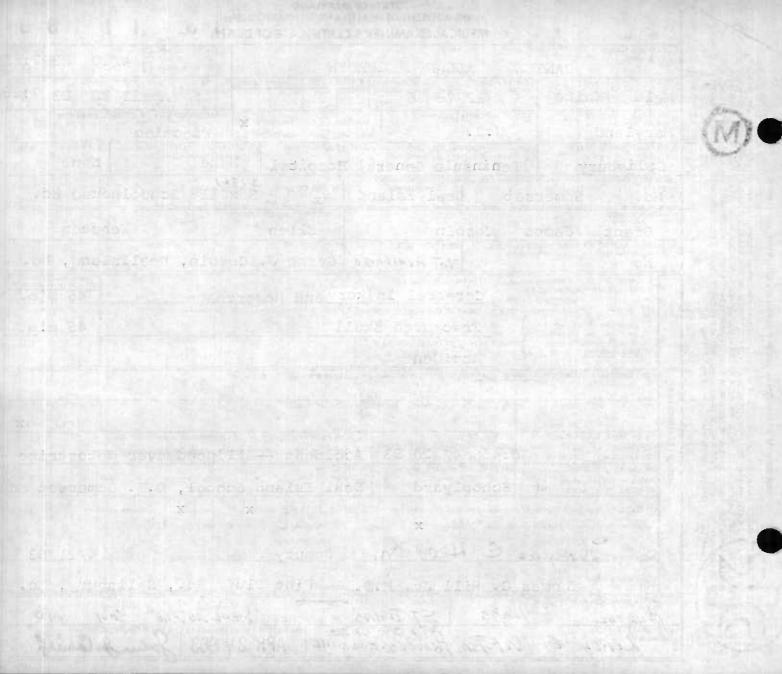


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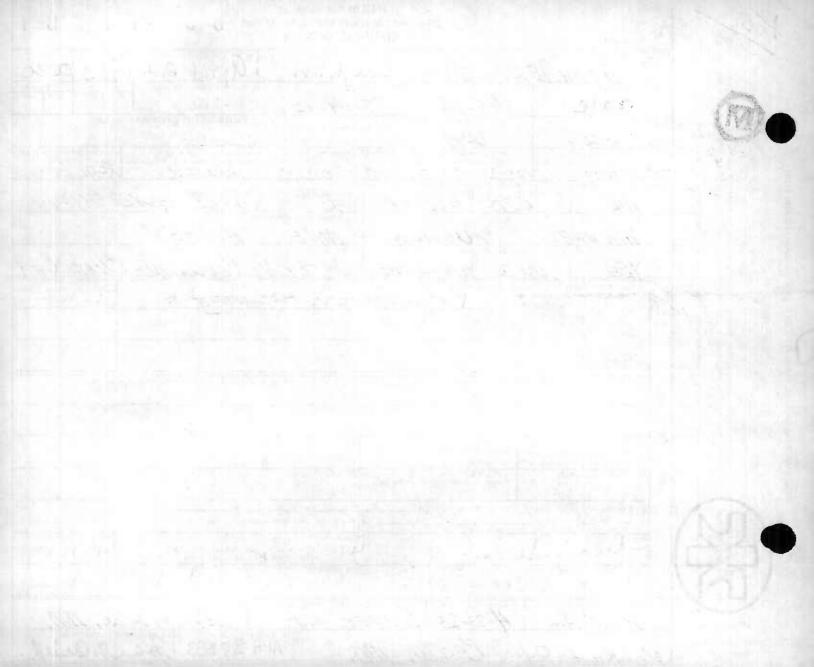
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAL  NG PHYSICIAN: The low requires that the death certificate ottending physicion.  After this certificate has been signed by the attending physici as the burial-transit permit. Then please remare carbonapopes th and Mental Hygiene prior to burial, cremotion, or removal, arked or frem 18 shows gay, injury, or other troumotic event, th	Z	PART I. DEATH Enter only one cause per line for (o), (b), and (c.)  PART I. DEATH WAS CAUSED BY:  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF UNDERLYING COUSE (a)  DUE TO, OR AS A CONSEQUENCE OF UNDERLYING COUSE (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  Gulfure  Gulfure  Gulfure  Gulfure  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  PART 110
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ON OF VITAL  ON OF VITAL  ding physicio  is certificote by  buriol-tronsit  Mentol Hygie  or frem 18 sho		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  P.M. 19	NTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
DIVISION DING PHYS or ottendin After this c e as the bur olth and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
		22a. I certify that (I) (this hospital) attended the deceased from	occurred on the date and hour and from the causes stated
Al OR A the hos AL DIRECTOR DISTRIBUTION OF DESTREAMENT OF THE TEMPORE THE THE THE THE THE THE THE THE THE TH		22% SIGNATURE DEGREE ATTENDING MEI	DICAL STAFF 221. DATE SIGNED
TO HOSPITAL OR ATTEND retained by the hospital or TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heal		22d PHYSICIAN'S NAME (TYPE SAPRINT)  LUM FOR DOM 220. ADDRESS  D,	HC
BP	230.	RURIAL 4/9/83 EJERGREEN Z	LOCATION COUNTY MAINE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	ADDRESS ADDRES	D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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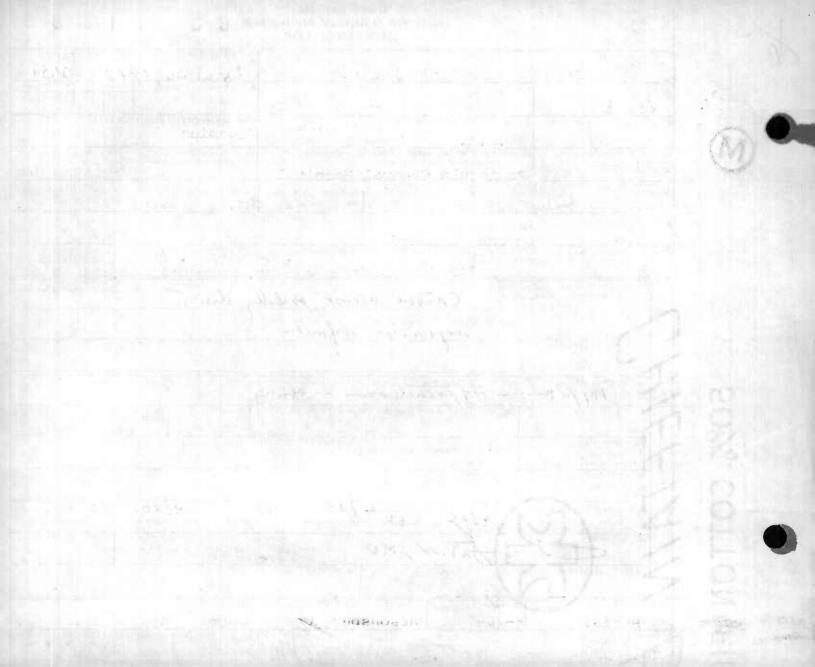


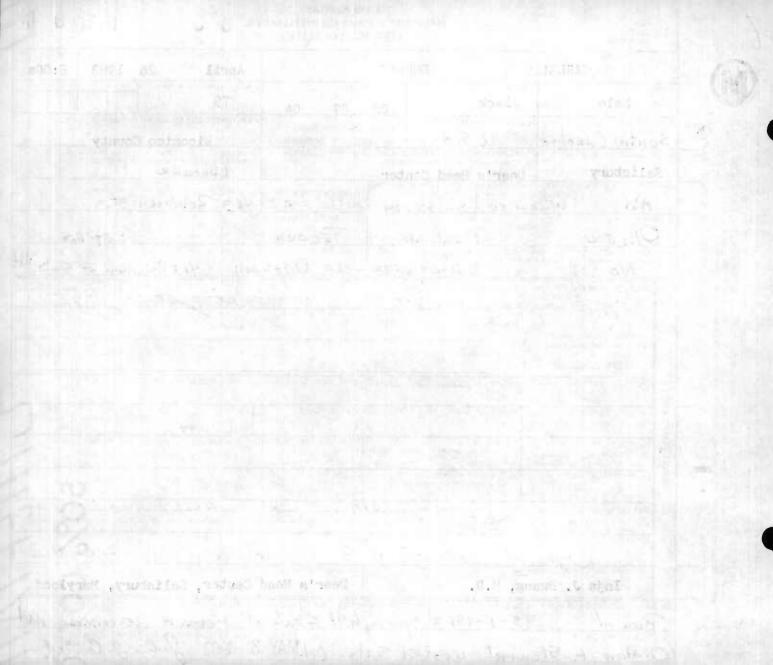
3	1-	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 1 5 8  CERTIFICATE OF DEATH  REG. NO.								
oge 3		CEASED NAME FIRST OR PRINT) MICHAEL	L M.	Coughlin	20 PATE OF DEATH MONTH  OPEN 22  6 AGE (IN YEARS LAST BIRTHDAY)	1983 0030m					
3		male	WHITE	MONTH - 14-10 YEAR	(72 YRS.	MONTHS DAYS HOURS MIN.					
3 53		RTHPLACE (STATE OR FOREIGN )	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	MICOMICO	Y OF DEATH MD					
bed with			NAME OF HOSPITAL, NURSING     (IF NOT IN SUCH FACILITY, GIVE STREET AI  Peninsula Gen	DDRESS)	128. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING I	12b. KIND OF BUSINESS OR INDUSTRY					
filled in bould be fi	JUSU!	AL RESIDENCE (IF NURSING HOME OR COTATE 13) COUNTY	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13e. STREET ADDRESS GUZ	28437					
mpletely ond 2 sh	14. FA	THER'S NAME PIRST MICHAEL	CONGHE!	15. MOTHER'S MAIDEN NA	HI CHEY	LAST					
Pages 1			MED FORCES? 166 SOCIAL SECUR WAR OR DATES) 478-10-5	117 NO. 17. INFORMANT	1. CONGNAIN-	OCEANCINY					
d by the ottending physic ease remove corbonopope of, cremotion, or removio or other froumotic event, th		18. CAUSE OF DEATH. Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate cause [a], stating the underlying cause lost.	Valien	NCE OF	singets	BETWEEN ONSET AND DEATH					
s been signerermit. Then ple prior to buri	CERTIFICATION	PART 2. OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTING TO DI</u>	EATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF YE	VEN IN PART 110  S, WERE FINDINGS USED IFYING CAUSES OF DEATH?					
difficate has al-transit per roll Hygiene m 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		Y YEAR	YES NOW Y	ES NO PART 1 OR PART 2)					
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eCTOR: After use of the offer use use of the offer use		220 I certify that (I) (this hospite sow the deceased alive on above, (I) (well and it of nor	ol) ottended the deceosed from		, to						
VERAL DIRECTOR Store Dept.		21 STENATURE DOOD	Down		MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 4-21-63					
TO FUNE should be with the St IMPORTAN		22d. PHYSICIAN'S NAME TYPE OR	Crouch MD		sinsusige Dr	Schabury.					
)		BURIAL, CREMATION, REMOVAL	236 DATE 23-83 S	ONSET M.P.	23d. LOCATION	JOR, MO, STATE					
16 50M 4/82 RA 15, 4)	24. FI	UNERAL DIRECTOR	H. BERLIN,	100, AP	TE REC'D. BY REGISTRAR 251 EGIS	TRAR'S SIGNATURE					

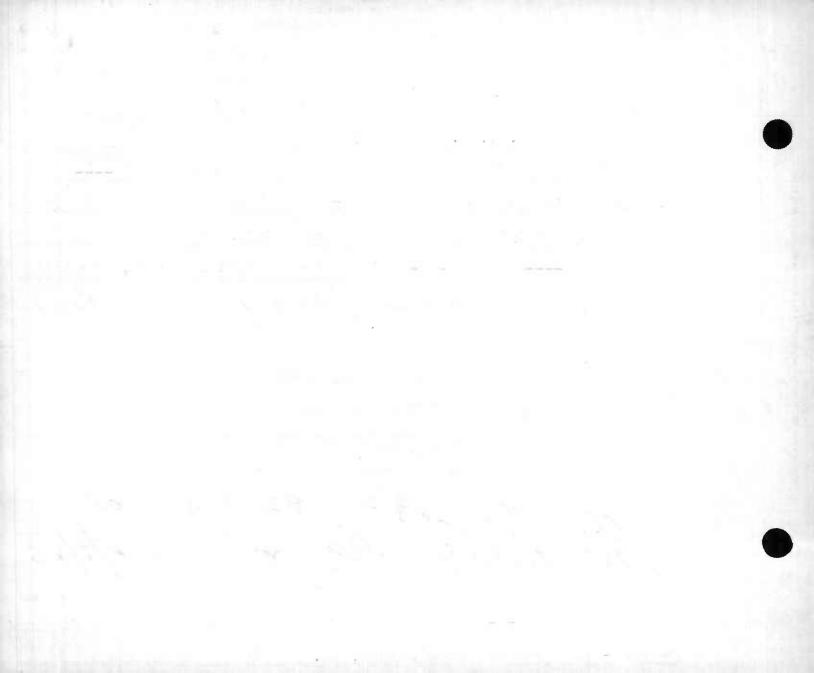
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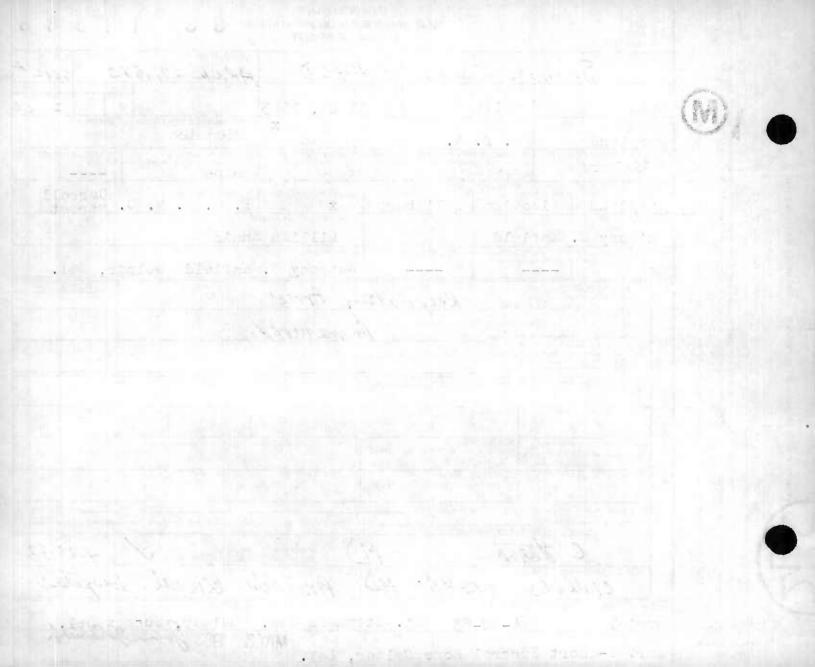
AFF 3 1 1983 John B. Canish







(VRA 15, 4)



MarWel-Short Funeral Home Delmar, Del.

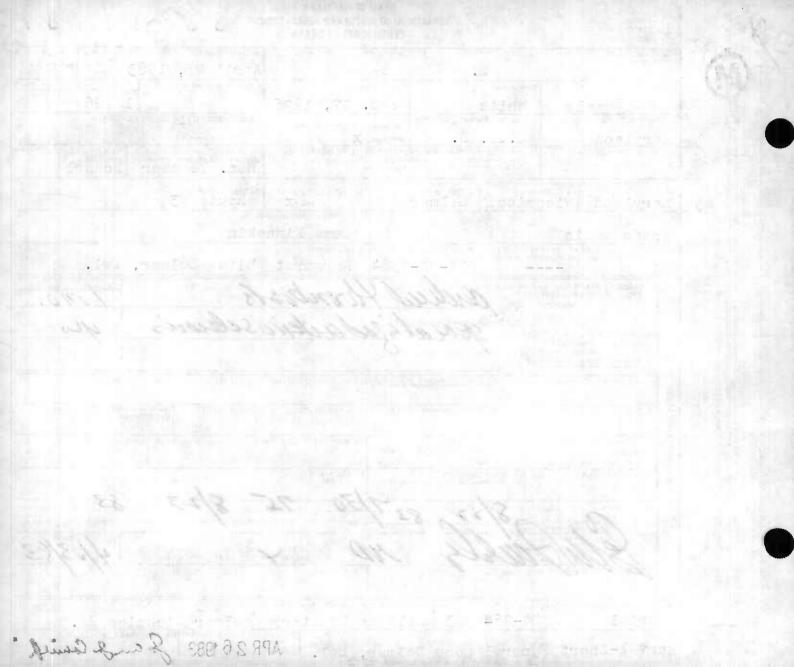
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4) 1/79



13	Ite	ms #18a	-22a Fi	ilm G579	5/5/87A	STATE C	F MARYLA	ND MENTAL HY	CIENE	N 4				-
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Ĺ	BIRT	HPLACE (STATE	OR		WHAT COUNTRY	V2 10	ARRIED N	NEVER MARRIED	9. B.	ALTIMORE CITY		TY OF		D. M
1	1	VISBU	RV	1 48	A	WI	OWED	DIVORCED		Wicomi				MD
		or town of	DEATY	(IF NOT IN SUCH	FACILITY, GIVE STREE	T ADDRESS)		UTION	FOR MOST	OCCUPATION (	TYPE OF WORK	O	R INDUST	ISINESS RY
US	UAL	ESIDENCE IF		OR OTHER INSTITUTION,		ORE ADMISSION)				ONC		1/0	ION	63
130	H	d	WO!		SNOW		YES YES	NO [	20	2 N.C	hurc	h	57	,
14.	FATH	ER'S NAME		MIDDLE -	Vin As	1	15. MOTE	HER'S MAIDEN	NAME	MIDDLE	K :-	/ -	LAST	
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L	(YES, I	NO, OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	-		AL	beer	A F	-isher	A;	SA	bor	e
	18		EATH (Enter and	ly ane cause per li					100				PPROXIMATE	INTERVAL T AND DEATH
		774		TE CAUSE (a)	Kern:	icterus						-		
			if any, which		DR AS A CONSE	QUENCE OF						1		
		cause (a) sta	ta immediate ting the <u>under</u> -		OR AS A CONSE	QUENCE OF								
		lying cause l		(c)										
Z		IRI 2 OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEA	IN BUT NOT RELATED	TO THE TERMINAL O	ISEASE OR CONDITI	ION GIVEN IN PART	1 (a),					
CERTIFICATION	1	o. DATE OF OP	ERATION	196. CON	DITION FOR WH	IICH OPERATIO	N WAS PERFO	DRMED?	-			20 /	AUTOPSY:	?
T I	L						4				- 11		YES X	NO 🗌
		DERLYING			OF INJURY .M. MONTH D.	AY YEAR 2	t HOW INJUR	RY OCCURRED	ENTER NATUR	RE OF INJURY IN ITEM	18 PART I OR PA	ART 2)		
WEDICAL	21	d. INJURY OCC			.M. E OF INJURY (	19 AT HOME, 21	LOCATION							
3			OT WHILE T	STREET, F.	ACTORY, FARM, ETC.)		STREET		CIT	Y OR TOWN	CC	YINUC		STATE
1		22a I certify th	nat Ltaak charg	e of the remains o	estribud above,	held an A	utapsy XX.	Inspection		nquiry .	and in my a	pinian		
		death resulted f	romy Natur	ral causes 🛣 ,	pecafor	, Suicide	Harr	nicide .	Undetermin	ned manner	].			
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1		GNATURE CALL	WE 5			1.0	N/U,			EXAMINER	SIGNI	ED		
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24	EUN	ERAL DIRECTO		1 CLAPPE	R R	#2 Je	RSeyk	250. DATE RE	C'D. BY REC	GISTRAR 25 PE	GISTRAR'S			4
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20M 4/82

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Pocomoke City. Md

FOR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FIFE T 7 8 1 ... 

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or ather traumotic event, th

for, page 3 ofter death

	1 -	FOR STATE REGISTRAR		DEPARTM	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	HENE 8 3	1	1	5 9 1
		CEASED NAME FIRS	Ĭ A	AIDDLE	· ·	AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
		Jos	hua	W.	GII	BBS	April 11.	1983		5:45a M
	3 SEX	X	4. RACE	Terrend ?	5 DATE C	DF BIRTH	6 AGE (IN YEARS LAST B		IF UNDER I YEA	AR IF UNDER 24 HRS
11		lale	White	е	Aug.		58	YRS.	8 10	
6		RTHPLACE (STATE OR FOREIGH COUNTRY) Pelaware	U. S.	A.	MARRIE WIDOWE	D NEVER MARRIED X	9 BALTIMORE CITY		Y OF DEATH	MD
1		Salisbury	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET A er's Hea	ADDRESS)	DR OTHER INSTITUTION	17a USUAL OCCUPA' (TYPE OF WORK FOR MOST	ION		OF BUSINESS OR
5		STATE	ME OR OTHER INSTITUTION OUNTY		ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 4 East E	ast S	Street	2182
2		THER'S NAME SIRST LYMOND Gibb	MIDOLE S	LAST		15. MOTHER'S MAIDEN NA/ Katie Parl	ME			LAST
1	160 V	VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDR	RESS		
	No	VAS DECEASED EVER IN U.S	ES, GIVE WAR OR DATES)	221-14-	-1975	Betty Lute	es Delma	r, Mo	1.	
7	FICATION	Canditions, if any, whice gove rise to immediate cause to stating the underlying cause last PART 2 OTHER SIGNIFICATION	hele DUE TO, OR	,00	NCE OF	NOT RELATED TO THE TERM  N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	S. WERE FINE	Tra DINGS USED ES OF DEATH?
	CERTIFI	71g. ACCIDENT WAS UNDERLYIN	G T 21b. TIME O	F IN HIPY		21c HOW INJURY OCCURR	YES NO NO		s 🗌	NO []
1	MEDICAL C	OR CONTRIBUTING CAUSE O	DE DEATH HOUR A./	M. MONTH DA M.	Y YEAR		CED (ENTER NATURE OF INJ	JRY IN ITEM IB F	PART 1 OR PART 2	
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR)	DE INJURY EET, FACTORY, OFFICE, FA	ARM ETC )	21f LOCATION STREET	CITY OR T	NWC	COUNTY	STATE
		220. I certify that (I) (this saw the deceased alivabave, (I) (we) (did) (did) 22b SIGNATURE	e an	19		d that in (my) (our) apinian o	, to death accurred on the c		r and from th	, that (I) (we) last he causes stated JE SIGNED
1		27d. PHYSICIAN'S NAME	ARTITUTE OR PRINT)	hiner	,MI	ATTENDING	MEDICAL STA DIRECTOR PHYSI	CIAN	4	11/83
		E. P. RT	TCHINGS	м. р.		Deer's Head (	Center, Sal	isbur	v. Md.	21801
	1.	SURIAL, CREMATION, REMO SPECIFYI Urial	23b. DATE 4-13-	_		emetery or crematory ephens Cem.	23d LOCATION CHY OR TOWN Delmar		sex D	el. STATE
	24 FL	INERAL DIRECTOR Arvel-Short	Funeral	ADDRESS	Delm	25a DATE	R 1 5 1983			Court

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)

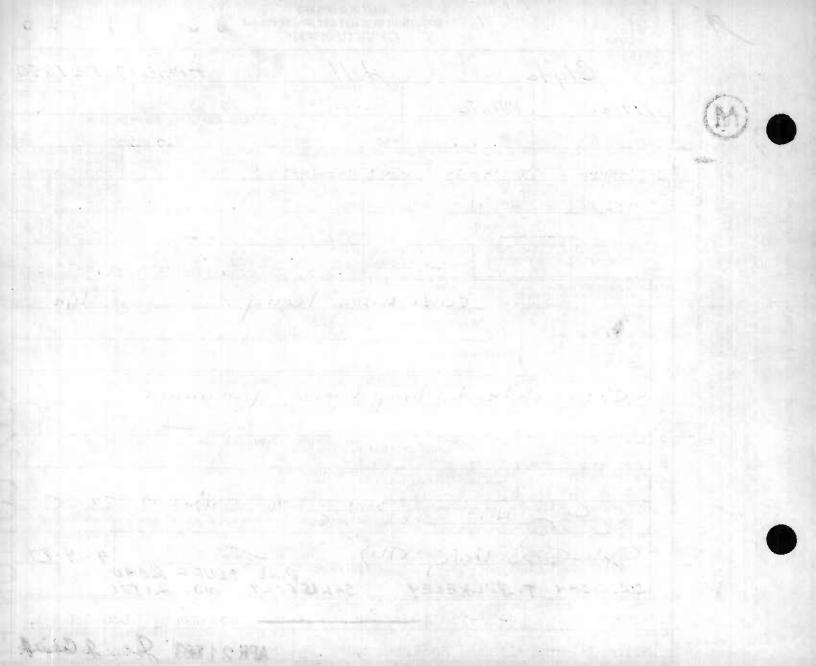
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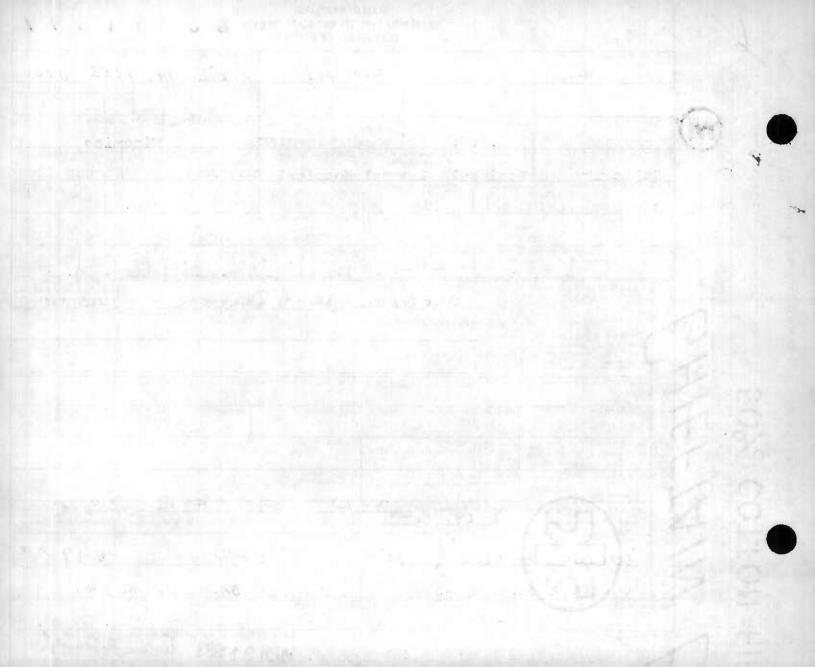
Y.	1	FOR			STATE OF MARYLAND	CIENT O 7 I	1 2 0 2
1	1	- STATE REGISTRAR			OF HEALTH AND MENTAL HYP RTIFICATE OF DEATH	REG. NO.	1 3 7 3
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oy be age 3 death		Hen			HEARS	Apr. 19.	1983 1545 M
you 4 moy	3. S	EX	4. RACE		ATE OF BIRTH	6. AGE JIN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
20 g & W	/	male	cauc.		Nov 19, 1913	9. BALTIMORE CITY OR COUNT	VOEDEATH
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ND 2120	US 130	JALRESIDENCE (IF NURSING STATE DELaware	OR OTHER INSTITUTION, GIV DUNTY 13 UNACX	VE RESIDENCE BEFORE ADMIS Laurel	SION) 13d. INSIDE CITY LIMITS? YES NO 🔀	130 STREET, ADDRESS 102 box 342	99997
MARYLA mpletely and 2 sh		ELMER'S NAME FLMER	MIDDLE Hear	n LAST	15. MOTHER'S MAIDEN N.	MIDDLE Hec	1AST
MORE, I	3 160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES)	COME WAR ORD ATEC	221 10 883		Hearn rd2 Laurel	
ST., BALTI errificate b g physicia anpapers. remavol. event, the		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er anly ane couse per lin USED BY: DIATE CAUSE (a)	ne far (a), (b), and ici.	an fibrillad	rion and	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON he death co me attendin mation, ar r traumatic		Canditions, if any, which	( (b)	emin gw		Diseuse.	
that the that the ease ren al, crem	4	cause (a), stating the underlying cause lost	DUE TO, OR A	AS A CONSEQUENCE			
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NRECORDS, he law required to the law required	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	on for which opei	RATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ESNO
N OF VITAL SICIAN: The mg physicior certificate herial-transit prental Hygier frem 18 shay	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	FDEATH HOUR A.M.			RRED (ENTER NATURE OF INJURY IN ITEM 18.	PART I OR PART ?)
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TTENDIN oital or o TOR: Aft for use as of Health		220.1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did)	aspital) attended the	85 1 19	, ond that in (my) (aur) opinian	ta 4 19 183	, 19, that (I) (we) last ur and fram the causes stated
AL OR At the hosp AL DIREC etached the Dept.		22b. SIGNATURE	o la		DEGREE  M · A · ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	224. DATE SIGNED 4/19/83-
TO HOSPITAL TO FUNERAL Should be det with the Store	1	22d. PHYSICIAN'S NAME (1)	PPE OR PRINT)		220 ADDRESS 61 A SALI	sizvay. m.D.	icie Drive.
999999 = 3 =	230	BURIAL, CREMATION, REMO	VAL 236 DATE 4/22/83		of cemetery or crematory  Aboro emetery	Millsboro Su	state Del
DHMH - 16 50M 4/B2 (VRA 15, 4)	24.	FUNERAL DIRECTOR NAME HOMEN L	Disharoon	box 678 L		PR 2 7 1983	STRAND SIGNATURE

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Item, #23c., G-627, 5/11/87 by wrie's of



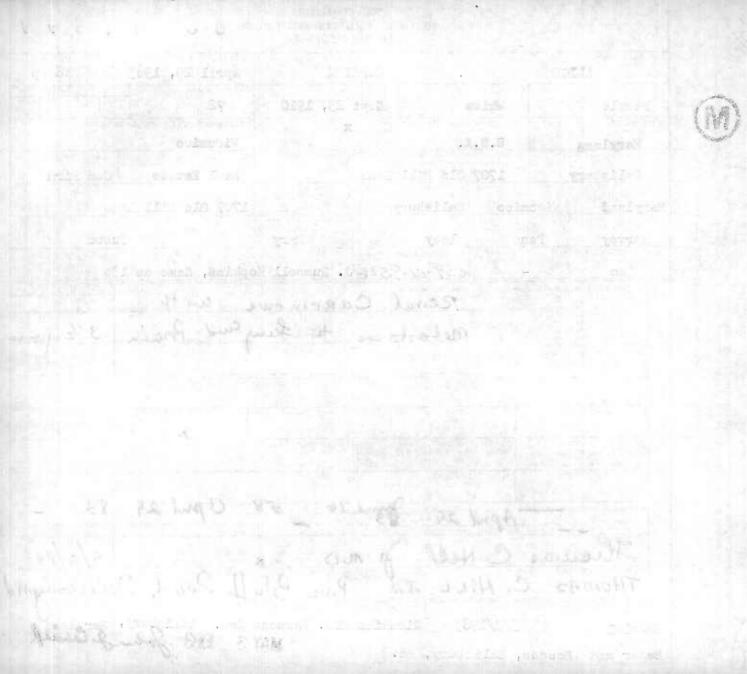
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	6	1.	STATE REGISTRAR			DEF		ICATE OF DEATH	REG. N	0.	.3	, ,
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	moy pog	3. SE			4. RACE	enr y	5. DATE C		6! AGE IN YEARS LAST BI	THDAY) IF UNDE		UNDER 24 HRS
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	of dir	to B	RTHPLACE (STATE OR FOR	EIGN	TE CITIZEN OF	WHAT COUN	TRY? 8.	NEVER MARRIED	9. BALTIMORE CITY	R COUNTY OF DE	ATH	
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W	be died		Harvey	Har		Hollow		Emma	Carolin		cock	
ORE	nd c		VAS DECEASED EVER IN		MED FORCES?		SECURITY NO.	Mrs. P	auline É.	Hollowa	У	
TIM	S. Po		No			215-2	26-4409	119 Civic	Ave., Sal	lisbury.	Md.	21801
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O	ndin corb , or I		4149		DUE TO, O	R AS A CONS	EQUENCE OF					
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OR	int. I	CERTIFICATION	19a DATE OF OPERATIO	N	TION COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS	LISED
REC	no. no. perm	IFIC.	DATE OF OTERATIO		110 00110		men or examo	THE TENTONINED	YES T NOT	IN CERTIFYING C	CAUSES OF	
ITAL	sicio sicio sicio ygie shor	ERT	21a ACCIDENT WAS UNDER	YING	21b. TIME C	F INJURY		21c. HOW INJURY OCCU		Land .		0
> F V	PHYSICIAN: T ending physici this certificate to burial-transi ad Mental Hyg d or Ifem 18 sh		OR CONTRIBUTING CAL	SE OF DEAT	TH HOUR A.	M. MONTH			, , , , , , , , , , , , , , , , , , , ,			
N	YSIC ding s cer s cer surio Ment	MEDICAL	(IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED		21e PLACE	M. OF IN IURY	19	211 LOCATION				
/ISIC	PH then the the color	ME	WHILE   NOT WHILE		(AT HOME, ST	REET, FACTORY, O	FFICE, FARM, ETC.)	STREET	CITY OR TO	IWN COI	UNTY	STATE
6	Afte e os silth nork	m	AT WORK		al) attended th	a daranta d f	· · · · · · · · · · · · · · · · · · ·	10 10 0	5 - 4 ~	501 193	2 44	(N (we) lost
	TENE Tolone The		22a.1 certify that (1) (the saw the deceased	alive an_	4	LT		nd that in (my) (our) apinion	death occurred an the d	ate and haur and fr	_	
	R ATTEN hospital RECTOR ned for u	6	above, (1) (we) (did 22b. SIGNATURE	(did not	view the body	after death.		DEGREE			c DATE SIG	
	0 = 0 = 0		1 1 //	6	60	1.	11	ATTENDING	MEDICAL STA	FF e	4-19	220
	SPITAL d by th NERAL be deto e Stote		22d. PHYSICIAN'S NAM	E (TYPE OF	PRINT)	ask	MC	PHYSICIAN 22e. ADDRESS	DHRECTOR   PHYSIC	IAN	C-11	0
	O HOSPITA etoined by TO FUNERA should be de with the Stot					V				0 0 .	. 1) - 1	
	TO HOSPIT retained by TO FUNER should be with the St WIP TAN	22-	WILBER			R MO	23. NIAME OF C	EMETERY OR CREMATORY		RY MD2	1901	
	A STATE OF THE STATE OF	230.	BURIAL, CREMATION, RE	MOVAL		-1003			CITY OR TOWN	COUNTY TAT : COUNTY		STATE
	BP	24 F	Burial		4-21	<del>-</del> 1983	Parson	s Cemetery	Salisbu			Md.
	DHMH - 16 50M 4/B2		NAME	3	1 ***	ADDI		6.00.0	0 4 1083	John &	Coher	1/
	(VRA 15, 4)	h	olloway F	uner	Tal HO	me Sa	alisbur	y, Ma.	I C I DULL	7		=/



	1. DI	FOR ZIP COCCE STATE REGISTRAR CEASED NAME FIRST	21841 DEP	STATE OF M ARTMENT OF HEALTH CERTIFICAT	AND MENTAL HYGI E OF DEATH	REG. NO	O.  MONTH DAY YEAR	9 12b HOUR
ge 3	(14)	E OR PRINT)	rtle M.	HOLSTON			4-12-83	7:30
ctor, po	3. SE	Female	1. RACE	5. DATE OF BIRTI		AGE (IN YEARS LAST BIR		R IF UNDER 2
ath. Page	70 B	IRTHPLACE (STATE ON FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8. MARRIED	NEVER MARRIED DIVORCED	BALTIMORE CITY O	R COUNTY OF DEATH	
of the de	10 C	LISBURY MD.	11. NAME OF HOSPITAL, NU.	JRSING HOME OR OTH	hand.	120 USUAL OCCUPATION OF THE WORK FOR MOST OF HOUSE KEE	ON 12b. KIND IF WORKING LIFE) INDUSTR	OF BUSINES
24 hours and be may be	USU 13a		ROTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		3e. STREET ADDRESS	218	4/1
mpletely and 2 sh	14. F	ATHERS NAME  Truing	MIDDLE HOLST	15. MC	Charlatte	MIDDLE	Brittin	ahan
ond car			RMED FORCES? 166 SOCIAL VE WAR OR DATES)	SECURITY NO. 17 IN	FORMANT achana T	ADDRE	ss l'Ilande	41141
n. n. cequires that the deconors been signed by the attencement. Then please remave ne prior to burial, cremation wagay injury, or other troun	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	(b)	TO DEATH BUT NOT R		IAL DISEASE OR CONT 200 AUTOPSÝ?	DITION GIVEN IN PART  206. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
The hard share sha	ERT	210 ACCIDENT WAS UNDERLYING F	216. TIME OF INJURY	121c H	OW INJURY OCCURRE	YES NO	YES T	NO [
PHYSICIAN: ending phys this certifica te buriol-tra ta America ad America d ar Item 18	MEDICAL O	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED		19	DCATION 1988	CITY OR TO		ST
ENDING al or after NE After use os th Health an	-	AT WORK NOT WHILE AT WORK 220.1 certify that (I) (this hasp	ital) attended for	om 1/2	3 19 7/	, to 4//	19.85	, that (I) (w
OR ATTE e hospite DIRECTO sched for Dept of h		saw thereeceased alive or above 1) (we) idid ided a 222 (35 der 1)85	oti view me body utter death.	DEGREI				e couses stat
- f - f - f		CMI Sel	OR PRINT	127e A	2 ATTENDING PHYSICIAN DDRESS	MEDICAL STAF		12/8
SPITA d by JNERA d be de he Stal		224 PHYSICIAN'S NAME (TYPE						
TO HOSPITA retained by TO FUNERA should be diswith the Stall IMPORTANT		DR. EARL M. BE	EARDSLEY		IVIC AVE, S	ALISBURY,	MD, 21801	

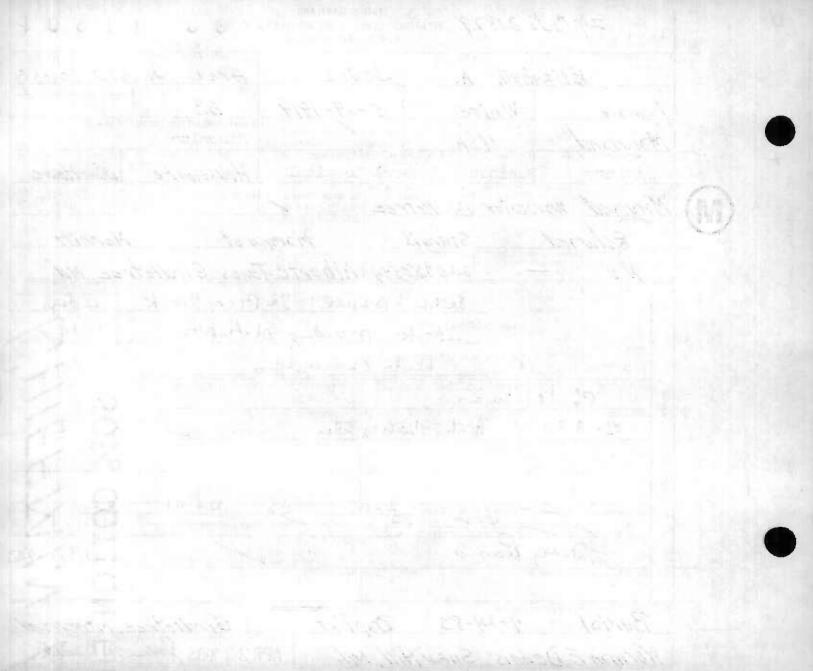
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/	1	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 3	10.	15	9 9
6.00 th 30		CEASED NAME FIRST E OR PRINT)		E.		KINS	April 29		AY YEAR	8 p
7	3. SEX Female		4 RACE Whit	e	5. DATE C	t 23, 1910°	6 AGE (IN YEARS LAST &		# UNDER 1 YEAR	IF UNDER 24 HRS
<b>1</b> 35	7a B	IRTHPLACE   STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY Wicomico		OF DEATH	MD
1000	10 0	Salisbury	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Real Est	OF WORKING LIFE	126 KIND C INDUSTRY Own F	F BUSINESS OR
135	13a	AL RESIDENCE (IF NURSING HOME STATE 13b. CO			ADMISSION)	13d. INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS		2	1801
220		ATHER'S NAME FIRST	MIDDLE	Elzey		15. MOTHER'S MAIDEN N. FIRST Mary			lubbs 1AS	d
medica		WAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	059-01-		J. Russell 1	Hopkins, Sa		L3e	
emoval.		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause pe SED BY: IATE CAUSE (b)		diell	Carcinon	CELEVALE 10			MATE INTERVAL ONSET AND DEATH
ian, or re	E	1890 Conditions, if any, which		DR AS A CONSEQUE	NCE OF	to Sur	ng and f	nain	31	Zueans
al, cremat ather tra		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, C	DR AS A CONSEQUE	NCE OF					
ta burio injury, a	NO	PART 2 OTHER SIGNIFICAN		CONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR COI	NDITION GIVE	N IN PART 116	)
shaws any	CERTIFICATION	19a. DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTÖPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO			
Mental Hyg or Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ( (IF EITHER NOTIFY MEDICAL EXAMIT	DEATH HOUR A	OF INJURY V.M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 PA	RT I OR PART 2)	
rked ar H	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE FA		211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
for use a of Health 21 is ma		22a I certify that (I) (this had sow the deceased alive above, (I) (we) (clid) (did	on Apri	he deceased from	Jun 83, on	d that in (my) ( opinion	death occurred on the	29, 1 date and hour	ond from the	that (I) (==) last
etached ite Dept. T. If Hem		22b. SIGNATURE	4 C	HeDD (	1	DEGREE ATTENDING	MEDICAL STA	(FF	22c. DAT9	
should be deto		22d PHYSICIAN'S NAME (TYP)	-	ill J	0	Prie BI	ull Roa	4. 5	Balis	bourson.
oh s M	230	BURIAL, CREMATION, REMOVA		23c N	IAME OF C	EMETERY OR CREMATORY  NAME OF CREMATORY  NAME OF CREMATORY	2 d LOCATION CITY OR TOWN	ishury	COUNTY	0
50M 1/B1	24 F	unial UNERAL DIRECTOR NAME aker and Boun		isbury, Mo		25 MA	YR3 D. BY 183A	Joen	26	half



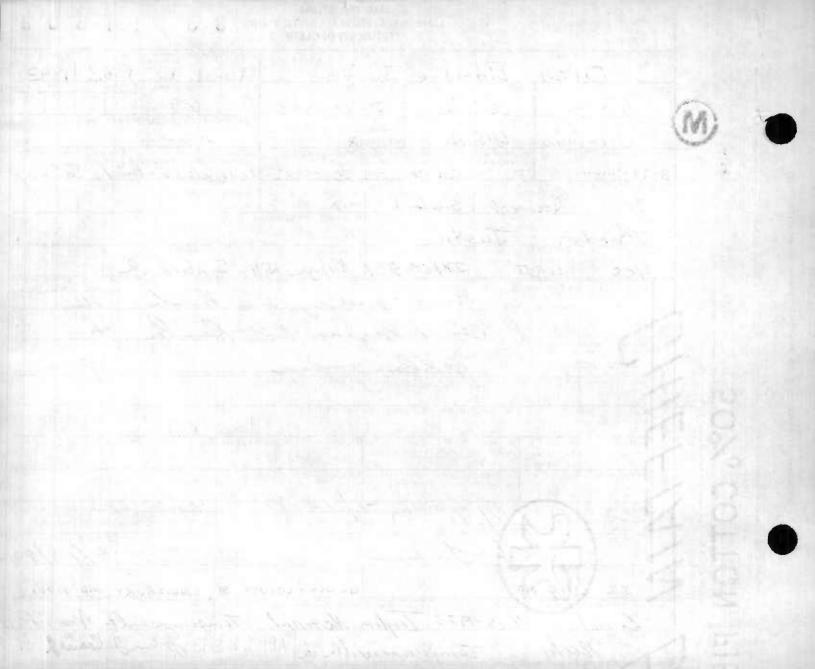
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-4	1 - FOR Zip Code 21829 DEPARTMENT OF HEALTH AND MEI REGISTRAR CERTIFICATE OF DEA	NTAL HYGIENE 8 3 1 6 0 1
o w <del>t</del>	DECEASED NAME FIRST MIDDLE LAST (TYPE OR PRINT)	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR
may be page 3	SEX 14 RACE 15 DATE OF BIRTH	AFRIC 21, 1983 0030 MM
4 24	Female White 5-29-19	19 63 YRS. MONTHS DAYS HOURS MIN.
eath. Page	(a. BIRTHPLACE (STATE OR FOREIGN TO. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MAR	I Ma doma do
offer d	O CITY ON OWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF DEATH  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Peninsula General Hospita	TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY
24 hours	USUAL RESIDENCE (IF NURSING POME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  38, SPATE  136. INSIDE CITY  137. CITY OR TOWN  138. INSIDE CITY	h (PRO)
comp	FATHER'S NAME EIRST  MIDDLE  STURYS  15. MOTHER'S M FIGS	ADEN NAME ADDRESS MERVITY
TIMORE be execu on and c	60. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NOOR MIKNOWN)  1 IF YES, GIVE WAR OR DATES)  200380594 A   DEP	tC. Tones Girdletree Md.
on W. PRESTON ST., BALL that the death certificate by the ottending physici ease remove carbon paper of cremation, or removal.	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF	Sterrice Stock. Herween ONSET AND DEATH  g chalugut 4 days  the J days
DRDS, 201 requires the signed if then plec or to buried if y injury, or	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  Charle Tune  198. Date of Operation  198. CONDITION FOR WHICH OPERATION WAS PERFORM	
TAI	216. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY   216. HOW INJURY	YES NO YES NO
OF CLA	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21e. PLACE OF INJURY  21f. LOCATION	
VISI	WHILE NOT WHILE AT WORK AT WORK STREET, FACTORY, OFFICE, FARM, ETC.)	CITY OR TOWN COUNTY STATE
TENDI Ital or IOR: A or Use of Heal	27a.1 certify that (I) (this haspital) attended the deceased from the deceased olive an above, (I) (ref) (did) (di	19 , to, to, 19, that (1) furflost opinion death occurred on the date and hour and from the causes stated
OR A he hos DIREC oched oched Dept.	22b. SIGNATURE DEGREE ATTE	ENDING MEDICAL STAFF SICIAN DIRECTOR PHYSICIAN THE STAFF
HOSPII bined b FUNEF buld be th the St	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 224. ADDRESS	
PP	13. BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OF C	GIPULETRE MAPULAND
DHMH - 16 50M 4/82 (VRA 15, 4)	Norman F. Dennis, Snew Hill, M.L.	APR 2 7 1983 John L. Court



THE LEAVEST SHELLOON CENES ! APRILL BY 1832 S. L. 110 The 12 St. Oc 21 3'10 The 12 St. Oct. " distribution ! CEREBERT THROMBOSIS PRIORIES Generalized Arteriosaleross Years PARKINSONS DISEASE to the so is the second so so Themes C Hell A MO THOMAS C. HILL SR Fine Blatt Book, Solisburg Mid ALLEN PLANTS CONTRACTOR OF THE PROPERTY OF THE

11.	1			STATE OF MARYLAND		
4	1.	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	0 0	1 1 6 0 3
	1. DE	REGISTRAR CEASED NAME FIRST	WIDDLE	LAST	REG. NO	O. MONTH DAY YEAR 26. HOUR
of h	(TYP	E OR PRINT) OLOH	Eldhidae	Tusting	120g.)	12 1983 1843
You god	i. SE	x	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	
ge 4		Male	White	8-11-1913	69	YRS. MONTHS DAYS HOURS MIN.
th. Poge	o. B	IRTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH
deoth.	10.0	U) rainio	MI NAME OF HOSPITAL NUBSI	WIDOWED DIVORCED	Wicor	
£ 20			(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY
be de de	USU	ALISBURY	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	neral Hospital	Wharehou	so allowed Date way
Filled bould b	13a.	STATE	1 6 5	1 4	? 13e. STREET ADDRESS	99999
2 sho	14. F.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN		
101 July		Borden	Justice	FIRST	MIDDLE	LAST
dicol 7		WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SECTIVE WAR OR DATES)	JRITY NO. 17. INFORMANT	ADDRE	ss
S. Pos		yes wa		-3057 Margie 1	Vill - Sonfor	J. Ch
hysicic poper lovol.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), or	nd (c).)	2 6	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ng ph bonp remo			TE CAUSE (0) Ceut	Condey.	la fre	No
e cor		Condition of the	DUE TO, OR AS A CONSEQU	ENCE OF	Jest .	& the
emov motion r trou	M	Conditions, if any, which gove rise to immediate couse (a), stating the	(b) C C C C C C C C C C C C C C C C C C C	me	0	
d by the		underlying couse lost.	DUE TO, OR AS A CONSEQU	2 Salar		yen
o y	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CON	DITION GIVEN IN PART 110
o . o .	CERTIFICATION	IA DATE OF OPERATION	Tim complition for while	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
os permine pri	FICA	190. DATE OF OPERATION	176 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?
ore h posit l lygiel 3 sho	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJUI	YES NO
buriol-tronsit Mentol Hygie or frem 18 sho		OR CONTRIBUTING CAUSE OF DE		AY YEAR		
bur Me	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	21f LOCATION	CITY OR TO	WN COUNTY STATE
s the h and orked	>	AT WORK AT WORK	(AT HOME SINEE), FACTORY, OFFICE.	/		
N. A.	N		ital) attended the deceased from			2 , 19 5 , that (I) (we) last
d for d for n 21	-		of) view the body ofter death		ion death occurred on the do	ate and hour and from the causes stated
DIRE Oche Dep		226. SIGNATURE	11	DEGREE ATTENDING	G _ MEDICAL _ STAF	FF _ 224. DATE SIGNED
JERAL Store		224 PHYSICIAN'S NAME ITYPE	O BOILD	PHYSICIAN 22e ADDRESS		IAN [ 7//3/7)
5 P # E						
show show	23n	J. C. GREEN BURIAL CREMATION, REMOVAL	736. DATE 236	NAME OF CEMETERY OF CREMATOR		ISBURY MD 21801
90		(SPECIFY)	4-15-1983	Tenlers Merryia	/ WY TOWN	me all Aconsta
H = 16 50M 4/B2	24 F	UNERAL DIRECTOR	1	15 100 101 254	DE REC'D BY REGISTRAN	A REGISTRAR'S SIQUATURE
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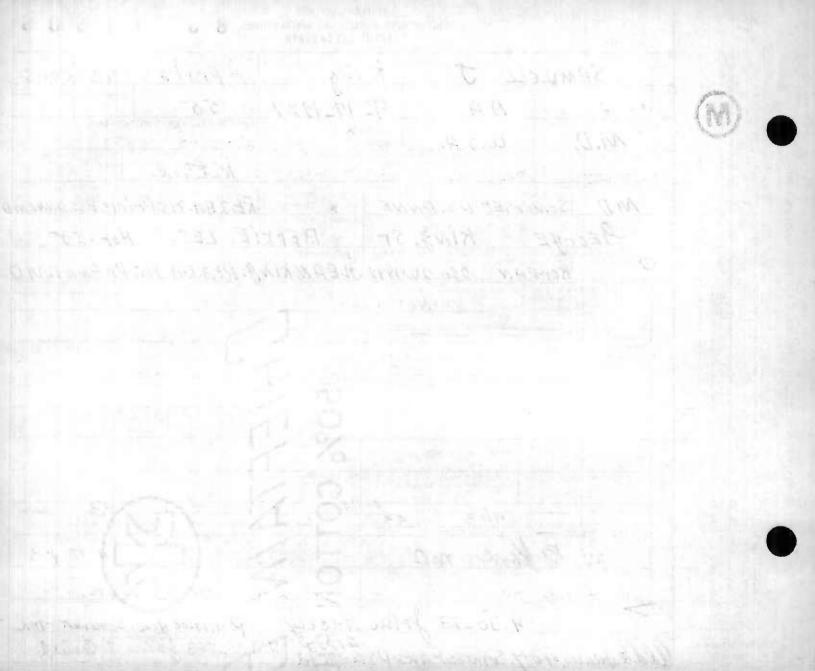


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



	1 -	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HY	GIENE 8 3	0.	6 0	5
denth 3		CASED NAME PRIST OR PRINT)  SAMUE  ALP	LL, J	S. DATE C	ING FBIRTH 1927	20. DAJE OF DEATH  Pri  6. AGE (IN YEARS LAST BIN  5 5	23 198	26. HOU 3 OGC DER I YEAR IF UNDER S DAYS HOURS	351
34		OUNTRY) M.D.	CITIZEN OF WHAT COUN	MARRIEI		11200111200			MD
20	Sa	lisbury		STREET ADDRESS	Hospital	120. USUA OCCUPAT (TYPE ON WORK EST WAST O		b. KIND OF BUSINE IDUSTRY	SSOR
Filled hould b	<b>≯30.</b> S	MD. SOME	THER INSTITUTION, GIVE RESIDENCE Y 13c. CHTY OR CHSEL D.A. G		13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	75. Prini	CESS. PM	NEW
omplete ond 2		SFORAE	KIN'S	2. Sr	15. MOTHER'S MAIDEN NA	IF. LEE	. Ho,	rSEY	
S. Pages		(AS DECEASED EVER IMU.S. ARME ED 10 OR UNKNOWN) (IF MES, GIVE V KOFF	VAR OR DATES)	SECURITY NO.	SLEANKIN	19. Rt.3. Be	1.395. Pr	ANNE	
signed by the ottending phy hen please remove corbanp to burial, cremation, ar remo njury, ar ather traumatic even	NO	PART I. DEATH WAS CAUSED  1 2 75 IMMEDIATE  Conditions, if ony, which gove rise to immediate couse to immedi	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)	SEOU <b>E</b> NCE OF	NOT RELATED TO THE TER/	WINAL DISEASE OR CON	IDITION GIVEN IN	PART 1101	
6 day	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEAT NO	TH?
Mental Hy or Item 18		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 O	IR PART 2)	
os the bu	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21& PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	FFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	IWN CC	OUNTY 5	TATE
letoched for use the Dept. of Healt of Healt.		22a. I certify that (I) (this bospital saw the deceased alive on above. (I) (we) (did (did apt)) 22b. SIGNATURE	4123	19 <u>43</u> , on	d that in (my) down opinion DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	.FF	from the couses sta 22c. DATE SIGNED 4/23/6	ated 3
should be de with the Stat		22d PHYSICIAN'S NAME (TYPE OR P	m D		100 POWELS		1-01	1001	
= 22 3 \$1	23 B	URB CREMATION, REMOVAL	23b. DATE 4-30-83	JAME OF C	Mesley	Princes		menset 7	m.C
- 16 50M 4/82	24 54	NERAL DIRECTOR	ADDI	RESS	2/853 250.00	TE REC'D. BY REGISTRAR AY 3 1983	REGISTRAR'S	SIGNATURE COLLECT	2



(VRA 15, 4)

2. S. Common description of the contract of Stores in the stores in a second 1 , = . = . Unlighter thear's hear's head Conter, Salisbury, 107 227-20 Miles se Epine Northe 11, 400 TO RELEASE BY THE STATE OF E1-81-10 i clip. Tuner I. wastin, M.L. Birector | Livery & Hoed Capter, Alithury, IV. PARTY OF THE PROPERTY OF THE P 

(VRA 15, 4) 1/79

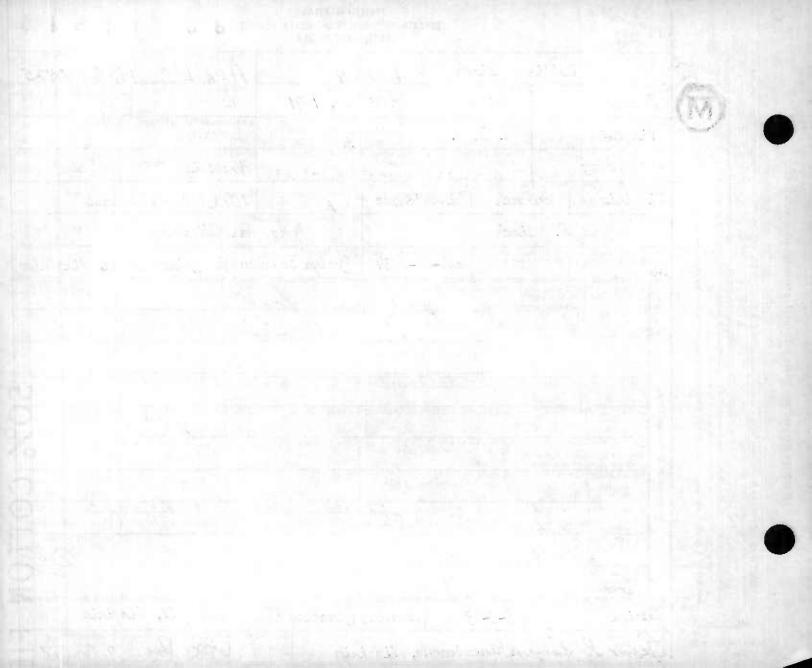
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/	1			STATE OF MARYLAND		
*	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	1 1 6 0 9
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
\$ 0.45 0.45	(117)	CASEPH	HENRY	Livingston	April 30.	1983 47 M
1 2 56	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
		MALE	WHITE	MAY 3, 1900	85 4	
" *M)	70. 8	COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
8 5	10.0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	Wicomico  120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
by the filed			(IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	(TYPE OF YORY FOR MOST OF WORN	INDUSTRY
hours hours the n	USU	AL RESIDENCE SIF NURSING HOME OR	Peninsula Ge	eneral Hospital	MAIRING	NOMBER
fille ould	130	MARYLAND 136 COUN	Camillo Suls	AUNG 138. INSIDE CITY LIMITS?	13. STREET ADDRESS	( Nill Ale
hit she sh	I F	ATHER'S MAME	,	15. MOTHER'S MAIDEN NA	AME	110
www.	1	William L	. LIVINGS	TON MARY	VIRGINIA	Chathan
more, and co	160	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SEG	CURITY NO. 17 INFORMANT	ADDRESS	
n ond c	1	£3 //S.	NAVY 221-14	-7171 AdEINE	R. LIVINGSTO	p Same As 13c.
ficate be physician popers. Provol.	1	18 CAUSE OF DEATH (Enter onl	ly one cause per line for (o), (b).	and ig.	, ,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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		22a.1 certify that (1) (this hospit	ral) attended the deceased from	4/27 19 63		_, 19 <u>83</u> , that (I) (we) tost
Pitter Porto of H		saw the deceased alive an above, (I) (we) (did) (did not	19. view the body after death	63, and that in (my) (our) opinion	death accurred on the date and	hour and from the causes stated
DR A hos thed ept.		22b. SIGNATURE	h/	DEGREE		22c. DATE SIGNED
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Of and of with the second of t	230.	BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY ( COUNTY
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(VRA 15, 4)	K	Akere And Be	eands. JATIS	Bury Incl. MA	12 pm	

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r requires that the d een signed by the of it. Then please removi ior to buriol, crematii ny injury, or other fro	ATION	Conditions, if ony, gove rise to immecouse (a), stating underlying couse  PART 2. OTHER SIGN  19g. DATE OF OPERATI	ediate the last. IFICANT CO	(c) ONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM			N IN PART 110	GS LISEN
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3 6	FOR Zip Code	2 2/829 DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 3 1	1611
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10 CIT	Y OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	Wicomico  12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
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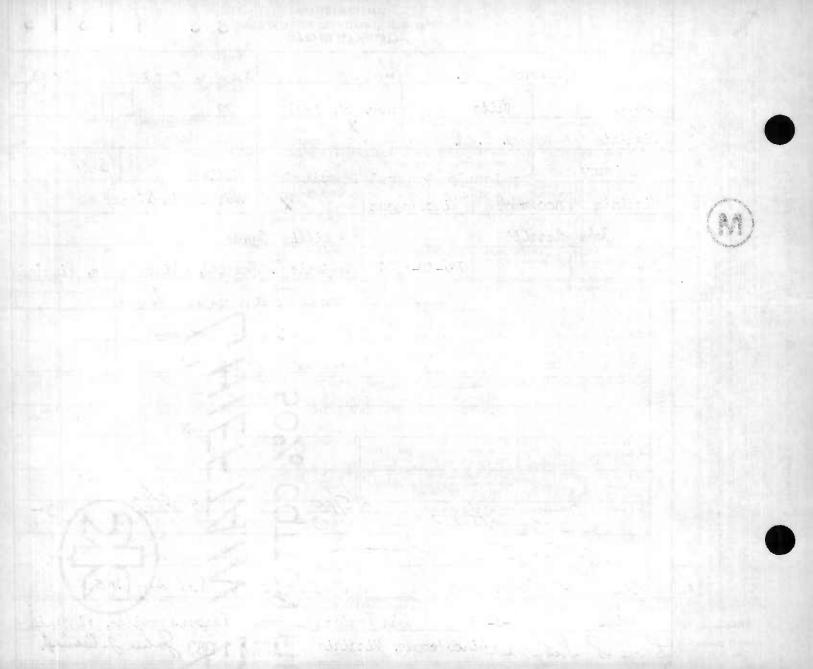
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(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

(VRA 15, 4)

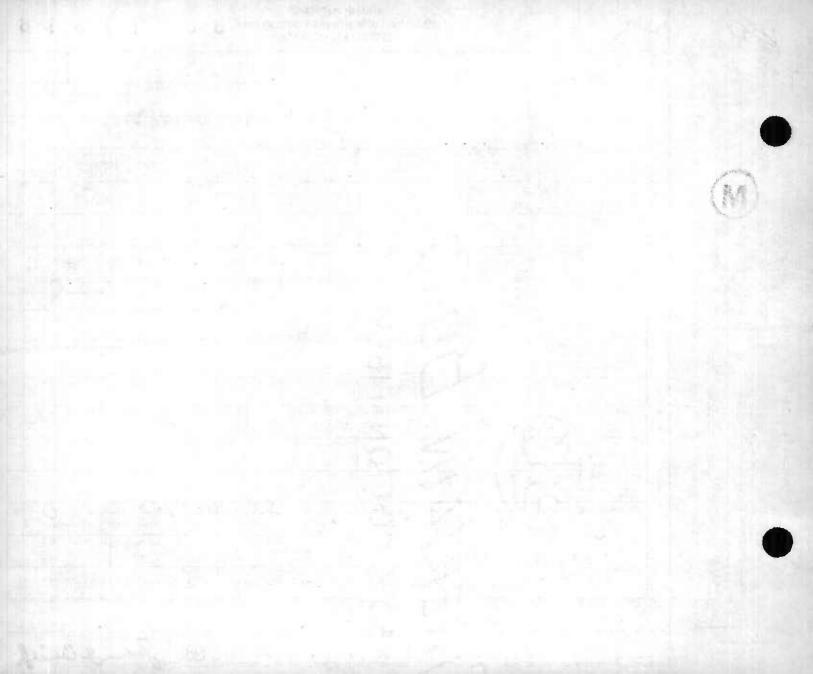
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	STATE OF MARYLAND		
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	RTHPLACE (STATE OR ) 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR C	COUNTY OF DEATH	
	WIDOWED & DIVORCED WICEWA	co .	AD.
MI. C	TY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF		ND.
1	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  FOR MOST OF MOST OF MORKING LIFE)	PHINDUSTRY	
1	SALISBURY PENINSULA GENERAL HOSPITAL COCCEC	tarm	
USU	AL RESIDENCE (IF IN N	11140	7
13a. S	TATE 138. CITY OR TOWN 138. INSIDE CITY LIMITS? 138. STREET ADDRESS	10 010 11	
	IIIa. Somerset Westover YES NOW PORX, 2	71	
14. F.	ATHER'S NAME		
1	FIRST MIDDLE LAST FIRST MIDDLE	LAST	
	Doysie Watson Haa	roresi	
	VAS DECEASED VER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	0.2117	
1 0	ES, NO, OSININISONIA (IF YES, GIVE WAR OR DATES)	DX PLT MI	
	110 1 - 1261-37-2009 WILLIE E. KOGEV WE	stover, ma	4
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	Н
	PART I DEATH WAS CAUSED BY:	MR.	-
	1140 IMMEDIATE CAUSE (o). CARDIAC ARRHYTHMIA	AK.	-
	DUE TO, OR AS A CONSEQUENCE OF		
-	Conditions, if ony, which gove rise to immediate (b) ARTERIOSCLEROTIC HEART DISEASE	Yrs.	
	cause (a) stating the under-  DUE TO, OR AS A CONSEQUENCE OF	7.4.7.4	_
	lying cause last.		
	(c)	The Park Company	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).		
Z			
2	Previous cardiac arrest Diabetes Mellitus		
CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?	
F		YES NOT	7
	210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216, HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART		1
8	and the same of th	OR PART 2]	
¥	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19		
MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION		
AE	WHILE NOT WHILE STREET, FACTORY, FARM, ELC.	COUNTY STATE	
2	WHILE AT WORK STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN		
			_
	22a. I certify that I took charge of the remains described obove, held on Autopsy 🔲 Inspection 🕱 . Inquiry 🛣 and in	n my opinion	
-	death resulted fram: Natural causes X. Accident . Suicide . Homicide . Undetermined manner .		
	THRE (SPECIFY)	DATE	
		DATE SIGNED 4-22-83	
1	DEFO.E MEDICAL EXAMINER	01011101111110J	
4	EXAMINER'S NAME		
	(TYPE OR PRINT) John T. Bulkeley M.D. ADDRESS Salisbury, Maryland		
73e.9	AL, CREMATION, REMOVAL 236 DATE 23 NAME OF CEMETERY OF CREMATORY 238, LOCATION CITY OF TOWN	COUNTY	
1	CITY OR TOWN N	COUNTY	
	mayalli-30-82 hart hayaskin com. I marti		
247	ERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 236 REGISTOR	AR BAIGNATUR	
1	Louis H. Merzal Nous Church Va Ark 2 9 1983 Johns		
	= 21 1: 11 1 F / 11 1 W.		

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Holloway Funeral Home, Salisbury, Md.

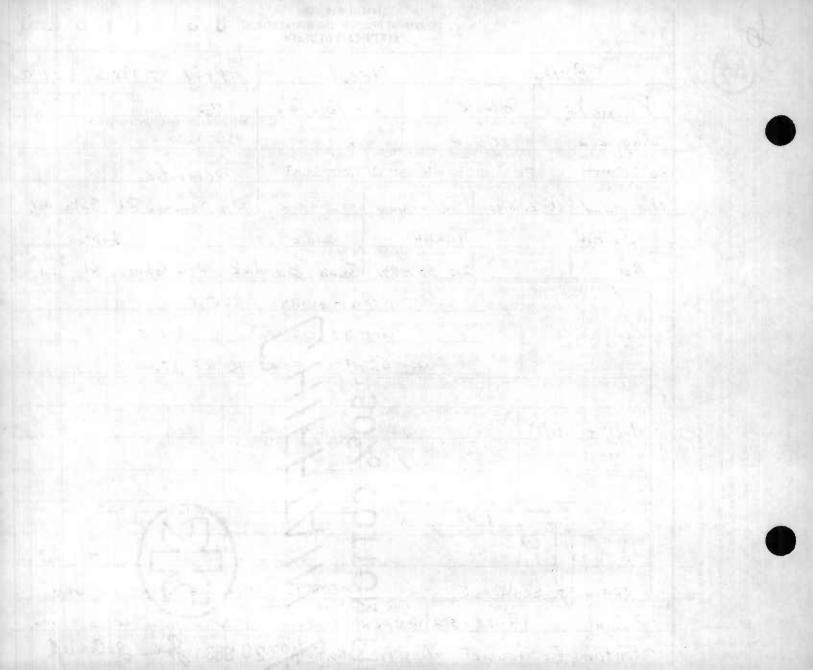
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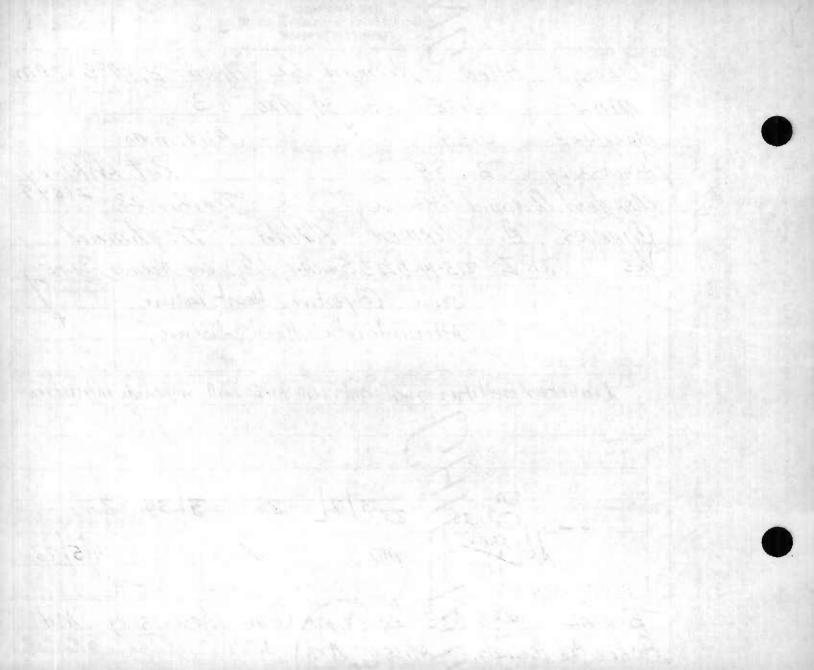
/	/	,	FOR	D		OF MARYLAND EALTH AND MENTAL HY	GIENE 8 3	11	6 1 9
K	7		STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.	
000	e		CEASED NAME FIRST	WIDDLE	7	AST	20. DATE OF DEATH		AR 26 HOUR
	ay be bage 3 death	3. SE	1/12	menge	S. DATE C	LUIP	April 2	2. 1983 HDAY   IF UNDER 1	2045 M
7	ctor, p	J. 3E.	MALE	WHITE	JUN		73	MONTHS	DAYS HOURS MIN.
-	Pag dire	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	UNTRY? 8		9. BALTIMORE CITY OF	R COUNTY OF DEAT	гн
			MD.	U.S.A.	WIDOWE	NEVER MARRIED DIVORCED	Wicomico		MD.
, ,	TO TO	Sa	ilisbury	Peninsula	General	Hospital	128. USUAL OCCUPATION		ND OF BUSINESS OR
AND 212	n'24 hours	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE SOME	OTHER INSTITUTION, GIVE RESIDEN	ORIOWN LINCESS A	NASIDE CITY LIMITS?	13. STREET ADDRESS		21853
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IIMORE,	in and co		VAS DECEASED EVER IN U.S. ARI	S IN LE CE D LESS	AL SECURITY NO. [-07-970	O LEROY M	JIR PRINCI	ess anne	,MD.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	equires that the death certify is signed by the attending plant Then please remove carbonp to burial, cremation, or remnijury, or ather traumatic eve	NO	Conditions, il ony, which gove rise to immediate couse (a), stoting the underlying couse last.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CO	NSEQUENCE OF	hor related to the term	ilus  AINAL DISEASE OR COND	DITION GIVEN IN PA	RT 1(o)
AL RECOR	beer rmit.	CERTIFICATION	19a DATE OF OPERATION	196, CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAI YES [	
OF.VIT	PHYSICIAN: The Lending physician. This certificate has the burial-transit per and Mental Hygiene dar Item 18 shaws		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PAR	RT 2)
NOISION	DING PHYS ar attendin After this c c as the bur olth and Me marked ar I	MEDICAL	21d. INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	21. PLACE OF INJURY (AT HOME, STREET, FACTORY	r, OPFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	wn COUNT	TY STATE
	pital Dital TOR: far us of He		22a.1 certify that (1) (this haspit saw the deceased alive an above (1) (wa) (did) (did no	4/22	h. 19 83, 6r	ad that in (my) (see) opinion	death occurred on the do		
	AL O AL DI Jetacl ore Do TT: IF I		22b. SIGNATURE		2		MEDICAL STAF		4/52/83
	retained by the TO FUNERAL D should be detact with the State D MPORTANT: If		22d PHYSICIAN'S NAME (TYPEO	npo		POBOK	2000	les bury ?	n 0 2/80/
	BP		BURIL  BURIL	236. DATE 4/25/83	ORIOL		23d. LOCATION CITY OR TOWN ORTOLE	The second second second second	STATE
DH	IMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR LISON FUNERAL	HOME PRÎ	NCESS A		PR 2 8 1983	256 DISTRAR'S SIG	Court

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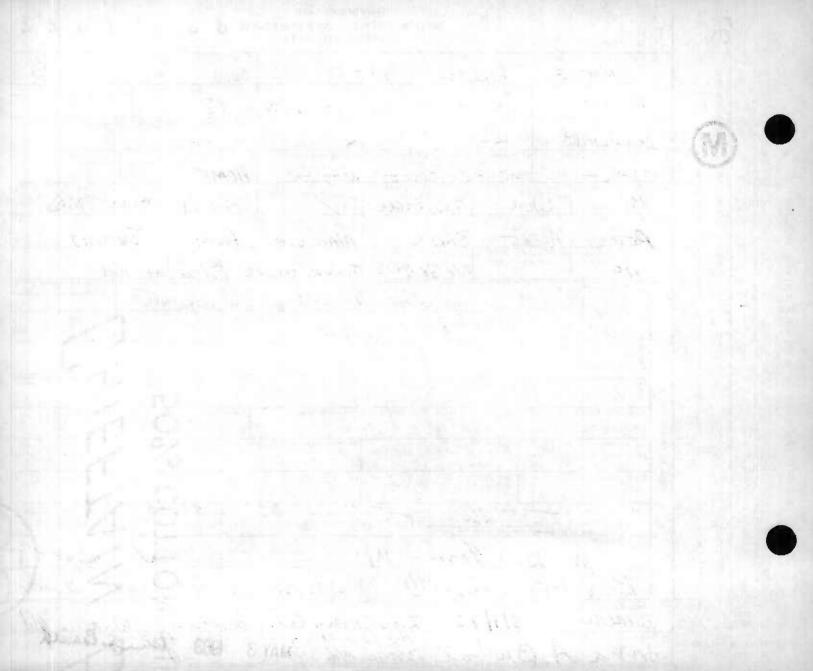
				STATE OF MARTLAND			
	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		116	2 0
					REG. NO.		
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MO		. HOUR
		BEHTY	5-	Neal	HPril 1	5 1983	0700N
3	3. SE)		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	IF UNDER I YEAR IF	UNDER 24 HRS
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82		STHPLACE (STATE OR FOREIGN		MARRIED NEVER MARRIED		OUNTY OF DEATH	
8		ingiwi4	U.S. A	WIDOWED DIVORCED	Wicomico		ME
2007	10 C1	TY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION		USINESS OR
	-	lisbury	Peninsula Gen	eral Hospital	Domect		
27/	USUA 13a. S	L RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13c. CITY OR TO		13e_STREET ADDRESS	2	1801
ラフ	1	PARULAUN Wi	comico SAlist	YES NO K		on Rd. Salis	met.
4 4	4, FA	THER'S NAME		15. MOTHER'S MAIDEN N	AME		
9/1	/	EJRST (a.c.)	MIDDLE TERRY	FIRST	WIDDLE	/ JAST	
3 4	4. 14	John		L1/16	ADDRESS	Lipton	
medicol		'AS DECEASED EVER IN U.S. AR ES, NO OF UNKNOWN) (IF YES, GIT	MED FORCES? 16b. SOCIAL SEC	URITY NO. 17. INFORMANT	1 1	015	SALis.
/ L		NO	216-38-	8971 JOHN BUN	idick Rt4 Si	olingon Kd	Md
ľ		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), o	nd (c) )		APPROXIMATI BETWEEN ONSE	E INTERVAL
event, th		PART I. DEATH WAS CAUSE	DBY:		ARREST		THE PERSON
		IMMEDIA	TE CAUSE (o)	-U-Lariabulia	141010001		
troumotic		1519	DUE TO, OR AS A CONSEOU	ENCE OF	)		
0		Conditions, if any, which	(b)	MULTI-ORGA	IN FAILU	KE	91-1-1
other tr	7	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	IENCE OF			
		underlying couse lost.		TASTATIC CAN	CER OF STO	TMACH	
5		PART 2 OTHER SIGNIFICANT	107	DEATH BUT NOT RELATED TO THE TER			
1	Z	TANT 2. OTTIER STOTTIFICATOR	<u> </u>	DEATH COTTON RELATED TO THE TEN	MINAL DISEASE ON CONDIN	ON ONEN INT AKT TIO	
	CERTIFICATION	198 DATE OF OPERATION	105 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	20a AUTOPSY? 20	DE IF YES, WERE FINDINGS	LICED
	5	al des sale de	- In Condition for while	- A		CERTIFYING CAUSES OF	
	RTI	312183 + 3/3118	2 INTESTIN	AL OBSTRUCTION			NO []
	C	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		IRRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
	AL	OR CONTRIBUTING CAUSE OF DE.	AITI	19			
	MEDICAL	214. INJURY OCCURRED	210. PLACE OF INJURY	211. LOCATION			
	ME	WHILE NOT WHILE	AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY	STATE
		AT WORK AT WORK					
			ital) attended the deceased from	2/24 19 8	- · · · · · · · · · · · · · · · · · · ·		t (1) (we) lost
		sow the deceased alive or obove. (1) (we) (did) (did no	bt) w the body ofter death.	ond that in (my) (our) apinio	n death occurred on the date	and hour and from the cou-	ses stoted
		226. SIGNATURE		DEGREE		22c DATE SIG	NED
			1	ATTENDING	MEDICAL STAFF	5 4/15	183
-4		224 PHYSICIAN'S NAME THE	A	PHYSICIAN 1	DIRECTOR PHYSICIAN	1 1/15	10
1		THE PRINCIPING SINAME (FPE)	77	A PART OF THE PART			
1		CRAIG J. S	CHAEFER	MEDICAL C	ENTER SALISB	URY MD X80	1
	23a B	URIAL, CREMATION REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION		
	(	Burial	4-18-83 6	REEW AREES	SALISBLOR	4 Wice.	Med
-	24 FL	INERAL DIRECTOR	110-09		ATE REC'D. BY REGISTRAP 356.		
1/82		- linton F	ADDRESS	It Rd Salie MAPR	004000	and Come	
C 134	- (	LINTON 11-	7 (=10) (00 (1))	CI KN SALG. WHATK	NU MASS	and the contract	767



V					STAT	E OF MARYLAND			44.5		
be		1-	FOR STATE REGISTRAR			ICATE OF DEATH		3		6	2 1
			CEASED NAME FIRST	MIDDLE		LAST	20 DATE	REG. NO	MONTH DAY	YEAR	76 HOUR
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	6 0 4	1, SE		4. RACE	5 DATE	OF BIRTH	6 AGE	IN YEARS LAST BIRT		NDER I YEAR	IF UNDER 24 HRS
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	1 12/25	Ja. Bi	RTHPLACE (Stage CA PORTEG)	76 CITIZEN OF WHA	T COUNTRY? 8	D NEVER MARRIE	9 BALTI	AORE CITY O	R COUNTY OF	DEATH	
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	1 1	6	Y OR JOWN OF BEATH		ITAL, NURSING HOME (	OR OTHER INSTITUTIO		OCCUPATION FOR MOST OF		126 KIND O	F BUSINESS OR
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ARYL	1 11 100	10.57	Thookse	MIDDE	Vieman	15. MOTHER'S MAID	EN NAME	MIDDLE	1-1-	IAS	/
N. S.	1	16a. y	AF DECEASED EVER IN U.S. A	RMED FORCES? 166	SOCIAL SECURITY NO.	17 INFORMANT	117	ADDRE	9111	14/	
IMOS	Poge A	1	(IF YES	VE WALL DATES)	3-14-1,223	SARAN	Hour	ped 1	Veema	5	me-
SALT	oth to	1	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per line t	for (a), (b), and (c)	1 .	1	61	1	APPROXI BETWEEN	MATE INTERVAL DISET AND DEATH
15	p physical property of the pro			ED BY: TE CAUSE (a)	ENDRE (9	restive	Heart	- haile	ne		
NO.	th co		7/00	DUE TO, OR AS	A CONSEQUENCE OF	1 1 1	1_				
REST	deo after offore froun		Canditians, if any, which gave rise to immediate	( (b) A	steriocle	retil H	east d	near	e ,		
3	4 4 4 4		cause (a), stating the underlying cause last	DUE TO, OR AS	A CONSEQUENCE OF						
201	and the please of the control of the		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DISE	ASE OR CONT	ITION GIVEN I	IN PARI 110	1
RDS	The state	NO	Scabete		o rola a	inti wall	HINF - WA	11 my		In Por	ution
600	1116	CERTIFICATION	IN DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20a AL	ITOPSY?	206 IF YES, WI	ERE FINDIN	IGS USED
TAL	The con-	RTIF					YES		YES [		NO 🗆
FVII	A TOTAL	1055110	710. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	MONTH DAY YEAR	21c HOW INJURY C	OCCURRED (ENTER	NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
O Z	30 80 1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M. 21e, PLACE OF IN	19	211 LOCATION				1	
VISIC	The party of the p	ME	WHILE TO MOTIVALE T		ACTORY, OFFICE FARM ETC.)	STREET		CITY OF TOV	VN	COUNTY	STATE
ä	DING O O O O O O		22a.1 certify that (I) (this hasp	oital) attended the dec	reased fram	17/ 19	93 to	4	30 19.	83	that +++ (we) last
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	O HOSPI Tulined by O FUNES Hould be with the St	-	27d PHYSICIAN'S NAME (TYPE	OR PETELL		27e ADDRESS	45	0	11001	1 '	
	On On A	23- 1	URIAL CREMATION REMOVA	L 23b DATE	123, NI #ME OF	EMETERY/OR CREMA	200 1 1234 LC	COUDS	2180		
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	DHMH - 16 50M 1/81	24 FL	HERAL DIRECTOR	0 1	01		So. DATE REC'S. B	Y REGISTRAR			URE -
	(VRA 15, 4)	10	OKOD 31/3	Samols	SHISREW	M	'APR'7	1983	John	J. (	shelf



2	١,	FOR STATE		DEPART	MENT OF HEALTH		YGIENE 8 3		16	2 2
01	L	REGISTRAR			CERTIFICATE	OF DEATH	REG.	NO.		
page 3		CEASED NAME FIRS	-	MIDDLE	O LAST		20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOURO
		MATTIE		inces	Palme	Υ	april	4 29		470 ,
	3 SE	FEMALE	1. RACE	CASION	S. DATE OF BIRTH	7 1909	6. AGE (IN YEARS LAST	MO	FUNDER 1 YEAR	HOURS MIN.
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1/	b	DELAWARE	us	A	MARRIED NE	DIVORCED [		0		ME
no	10. C	ITY OR TOWN OF DEATH		F HOSPITAL, NURSI	NG HOME OR OTHER	RINSTITUTION	120 USUAL OCCUPA	TION	126. KIND O	F BUSINESS OR
256		lisbury	Penin	sula Gen	eral Hos	pital	HOME			
35	130	AL RESIDENCE (IF NURSING HO STATE	OUNTY	13c. CITY OR TOV	VN 134. INS	IDERITY LIMITS?	13e. STREET ADDRESS	on!	LEY 3	1229
4	14 F	ATHER'S NAME	0001-	TOTAL		HER'S MAIDEN	10.00.4		14	7743
36	D	ACTEC A	LBERT	BAKER	MA	INOLIA	ALICE	BI	20WN	)
dicol		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YI	S. ARMED FORCES			ORMANT	30 x 2	RESS	.4 4	
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rtraum		Conditions, if any, which gave rise to immediate couse (a), stating the	e )	1000	poere	4				-
or other		underlying couse los	DOL IO,	or as a consequ	ENCEOF					
nįury, or	Z	PART 2. OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT REL	ATED TO THE TE	rminal disease or co	NDITION GIVE	N IN PART 110	٥,
è 🔨	CERTIFICATION	19a, DATE OF OPERATION	IAN CON	DITION FOR WHICH	OPERATION WAS P	ERECRAFO	28a AUTOPSY?	Tank IE VEC	WERE FINDIN	100 4000
4	FIC	THE DATE OF CHERNION	178. CON	BINOITI OK WINCI	O'EKATION WAST	ERIORMED		IN CERTIFY	ING CAUSES	OF DEATH?
7	CERT	21a. ACCIDENT WAS UNDERLYIN		OF INJURY	21c. HC	W INJURY OCCU	JRRED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR		NO 🗌
4		OR CONTRIBUTING CAUSE C	or or all	A.M. MONTH D P.M.	AY YEAR					
	MEDICAL	21d. INJURY OCCURRED	21e. PLAC	E OF INJURY	21f. LO	CATION	CITY OR	TOWN	COUNTY	STATE
	2	WHILE NOT WHILE AT WORK	] (AT HOME.	STREET, FACTORY, OFFICE,	FARM EIC)	JIREE!		Own.	-	JIAIL
		220.1 certify that (I) (this I	111	2// 6	24/24	. 19_5	3 , to #/	28 1		that (I) (we) los
7		sow the deceased aliv	e on	dy after death.	ond that in	(my) (our) opinio	on death occurred on the	dote and hour	and from the	couses stoted
If Hem		22b. SIGNATURE	4	M	DEGREE	ATTENDING	MEDICAL ST	AFF _	22c. DATE	SIGNED
		22d PHYSICIAN'S NAME (	pen	comes	1220 AD	PHYSICIAN		ICIAN	14/1	8187
MPORTANT		BEN H	OME	R, MI			URY, MH	RYLA.	ND 0	2,801
IMPO	23a	BURIAL, CREMATION, REMO	VAL 236. DATE		NAME OF CEMETERY		AND LOCATION		COUNTS	staw /
	_	BURIAL	5/1/	83 7	ION CHUR			E 4	Jok	· Mel
4/B2	24. FI	UNERAL DIRECTOR	0.1	ADDRESS	108 MILLIA	4M 3 1250. D	ATE REC'D. BY RECISTRA	R (S). REGISTR	ARO SIL	my.
	1	mua M	(2 W4	MA B	CALIN Ma	. ZIMMA	1 3 800	A	V	







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Oalsey

Drummond . 227-09-7469 Pauline Parks Parksley, Virginia

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THE SECOND SECTION ASSESSMENT OF THE SECOND

. W. H. C. HOY . I

Burial 5/1/83

Parksley, Va.

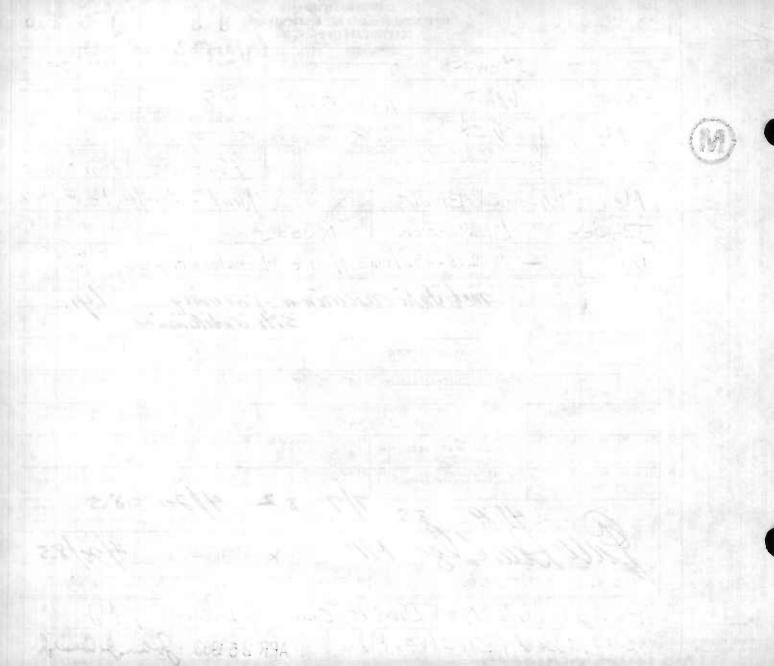
Parksley Cemetery Parksley Accomack Va.

10 40	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 3	1624
be 3		CEASED NAME PIRST	and L.	POORE		1983 1445
Poge 1 mg)		ale	Caucas i an	5. DATE OF BIRTH	The state of the s	IF UNDER 1 YEAR IF UNDER 24 HOURS A
death. Pe	Wa	RTHPLACE (STATE OR FOREIGN COUNTRY) Sh., D.C.	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	
ors offer	Sa	ITY OR TOWN OF DEATH Lisbury	Peninsula Ger	neral Hospital	120. USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF WORKING LIF	Retired
y filled in should be	130 M	aryland Wic	on other institution, give residence berounty 13t, CITY OR TO Bivalv	P 13d. INSIDE CITY LIMITS?	134. STREET ADDRESS	14
ompletely 1 and 2 sh	P	Oscar	T. Poore Sr		M. (unl	known ) <sup>st</sup>
be execu		VAS DECEASED EVER IN U.S., VES NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)  579	17. INFORMANT		
oth certificate b anding physicial carbon papers. n, or removol. matic event, the			only one couse per line for (a) (b), SED BY: IATE CAUSE (a) DUE TO, OR AS A CONSEC	HIENCE OF 1	- Fewlers	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
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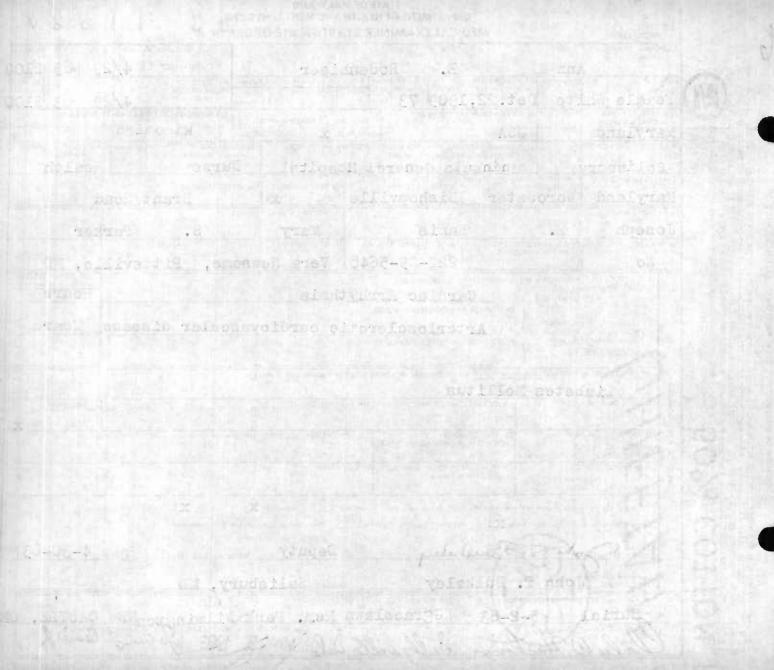
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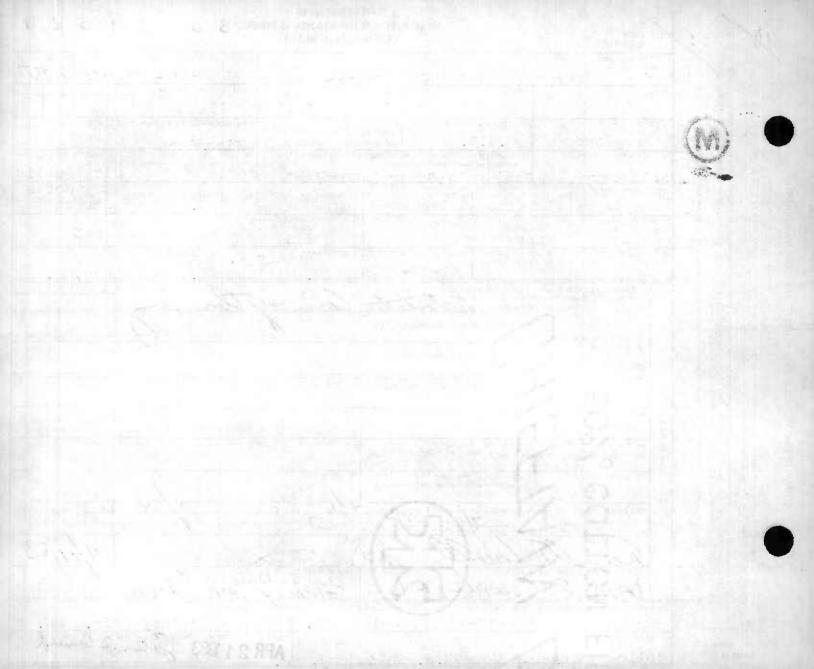


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Holloway Funeral Home P.A. Salisbury

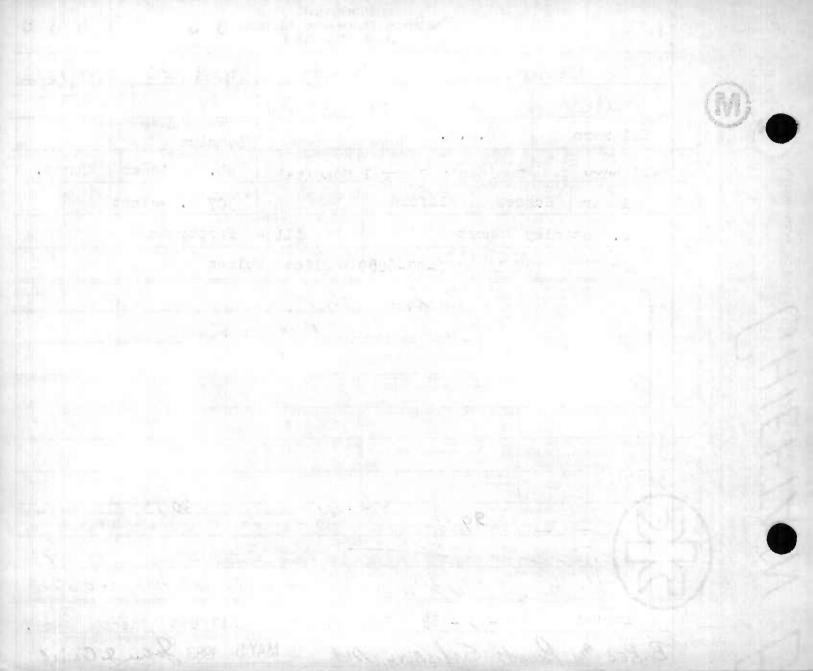
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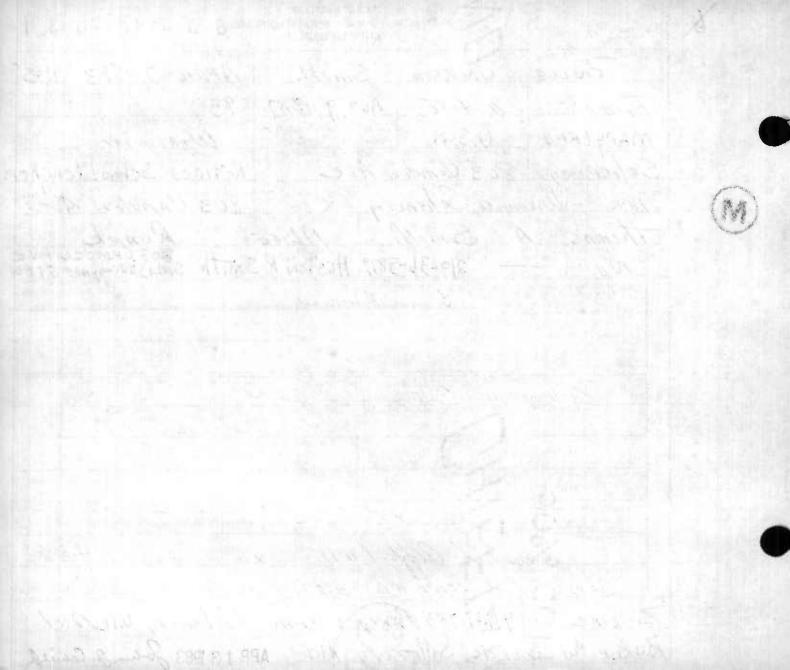
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V	1			STATE OF MARYLAND			
B	1-	FOR STATE REGISTRAR	DEPARTM	TENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	1 1 6	3 1
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	CERTIFICAT	19a DATE OF OPERATION	196 CONDITION FOR WHICH (	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	DINGS USED ES OF DEATH? NO D
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noy be		CEASED NAME PIRST	MIDDLE PL	So. DATE C	MERS SR FBIRTH	REG. NO  20. DATE OF DEATH  APPL  6. AGE UN YEARS LAST BIR	MONTH DAY YEAR 26 HOUR  26, 1993  1120 pm  THOAT) IF UNDER 1 YEAR IF UNDER 2 HRS
oth. Poge 4 7	14: B	MALE RTHPLACE ISTATE OR FOREIGN COURTALTO	WHITE 76. CITIZEN OF WHAT COUN U.S.A.	TDV2 I	8, 1905 YEAR	9. BALTIMORE CITY O	YRS. MOURS MIN.
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within 24 hz		AL RESIDENCE (IF NURSING HOME OR STATE  MD SOME  ATHER'S NAME			13d. INSIDE CITY LIMITS?  TES NO   15. MOTHER'S MAIDEN NAI	130 STREET ADDRESS	4867
IMORE, MA		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	SECURITY NO. 5-9313	SALTE II. INFORMANT EFFIE SOM	TULL ADDRE	FAIMOUNT.Md.
tabs, 201 W. PRESTON ST., BAL equires that the death certificate signed by the attending physici Then please remove carbon paper to bursol, cremation, ar remaval. niury, or other froumatic event, the	NO	18 CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSE  HMEDIAT  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT C	D BY: E CAUSE (0)  DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)	EQUENCE OF	fured aortic		APPROXIMATE INTERVAL BETWEEN OMET AND DEATH  2 yr -
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low require of the certificate has been signed then the and Mental Hygiene prior to be had Mental Hygiene prior to be orked or frem 18 shows any injury.	AL CERTIFICATION	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA	TH HOUR A.M. MONTH		WAS PERFORMED	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUI	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
O O O O E	MEDICAL	IF ETIMER. NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22d.   certify that (1) (this haspi  saw the deceased alive an	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FICE, FARM ETC)		city OR TO	
O HOSPITAL OR ATTEN etained by the hospital TO Fluck at Diffections, though the detached for un with the state Dept. of He MPORTANT If hem 21 is		oboys. (1) (we) (did) (did no The Signature  22d. Pry Sician's Name (1776 o	Outerbey		DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAI	224. DATE SIGNED
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	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 1 1 6 3
6		CEASED NAME 1957	REG. NO.  NODLE  LAST  20. DATE OF DEATH MONTH DAY YEAR 26 HOUR  ADDITION OF THE PROPERTY OF T
7	3. SE	JAMES	4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HOURS I MI
9 24 4	7n. 80	RTHPLACE ISTALION FOR ONLY	The CITIZEN OF WHAT COUNTRY? & 7 P. BALTIMORE CITY OR COUNTY OF DEATH
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1		Salisbury	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital  120. USL'AL OCCUPATION (TYPE TWORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE TWORK FOR MOST OF WORKING LIFE) INDUSTRY  A 7-
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22	1111	JAMES	STAUDS 15. MOTHER'S MAIDEN NAME MIDDLE DANGER
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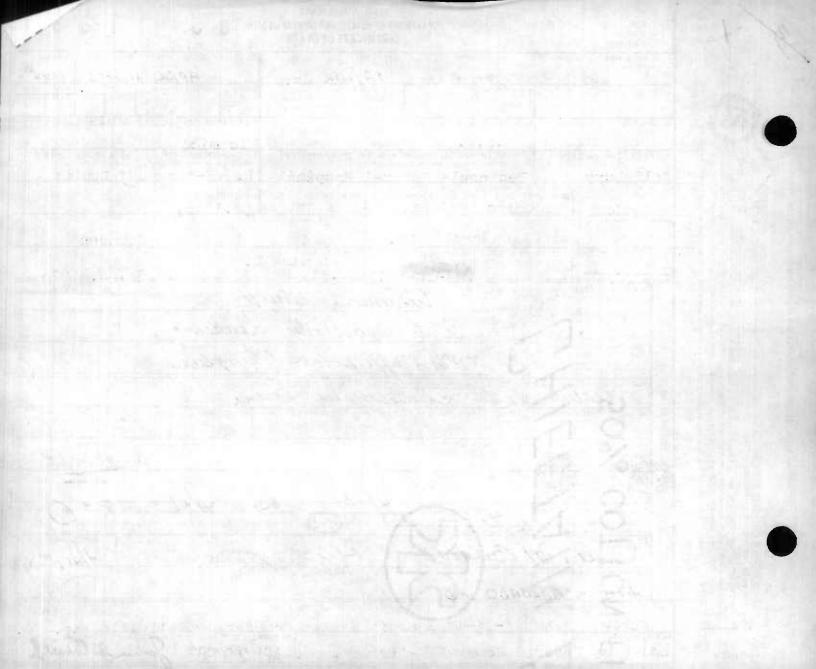
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Holloway Funeral Home PA Salisbury, Md.

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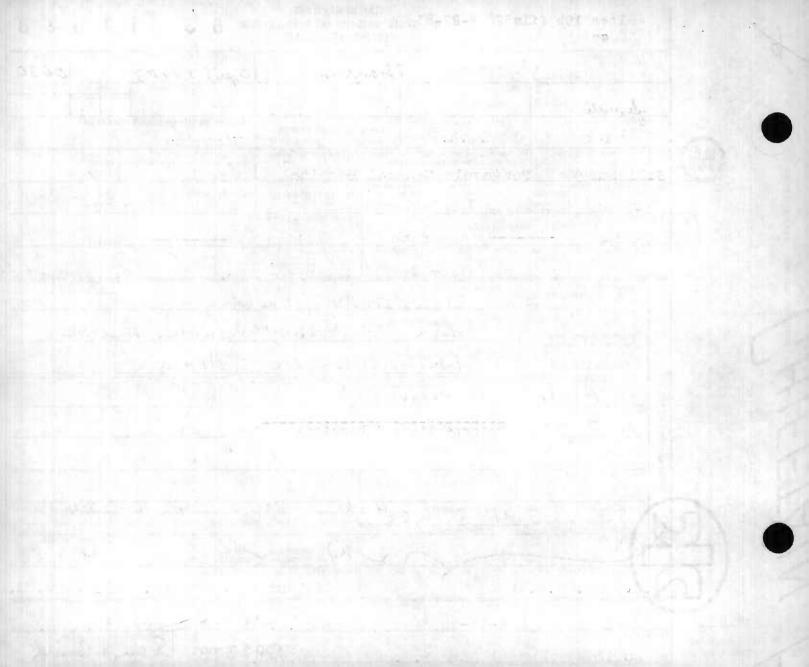
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	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1 1 0 3 0
	1. DECEASED NAME FIR	T MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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ond co	160 WAS DECEASED EVER IN U	S. ARMED FORCES? 166 SOCIA	SECURITY NO. 17. INFORMANT Hans R.	Thompsen	
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RECTOR wed for u ppt. of He		id not) view the body after death.		n death occurred an the date and hi	
ERAL DIRE to detoches State Depi	VIE SALVATURE	-		MEDICAL STAFF DIRECTOR   PHYSICIAN	4.9.83
should be with the Si	224. PHYSICIAN'S NAME Dr. V	S. Rao	220 ADDRESS 614 East	ern Shore Dr.	Salisbury, Md
19	230. BURIAL, CREMATION, REMO	OVAL 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
112	Burial	4-11-198	B Wicomico Mem. P	ark Salisbury	
16 50M 4/82	24 FUNERAL DIRECTOR	AD		ATE REC'D. BY REGISTRAR 25 PEGI	STRAR'S SIGNATURE
(A 15, 4)			P.A. Salisbury	H 1 3 1983 / 6	my whelp



Thomas Funeral Home Cambridge Md. 2161

Item 19b film 579

- STATE 5-20-83 cn

I. DECEASED NAME

(TYPE OR PRINT)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

REG. NO

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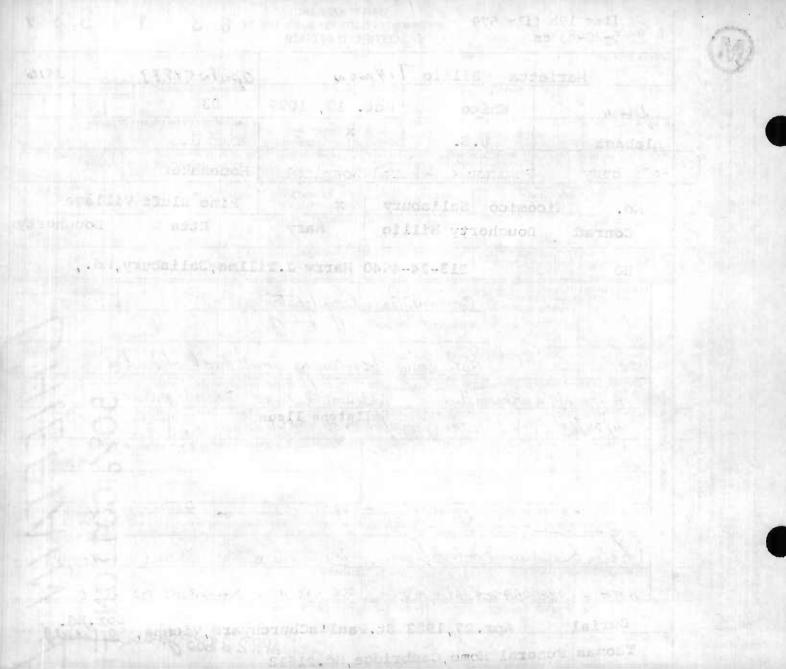
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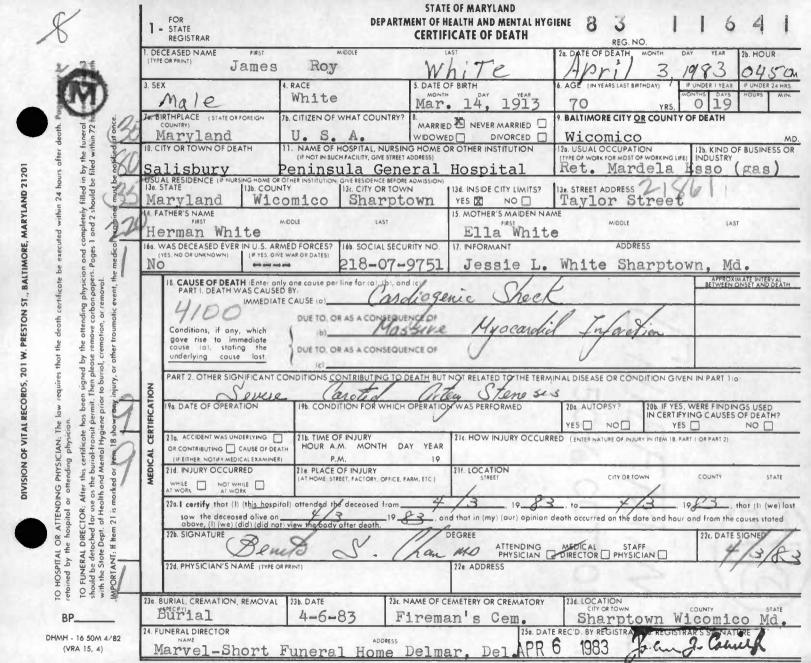
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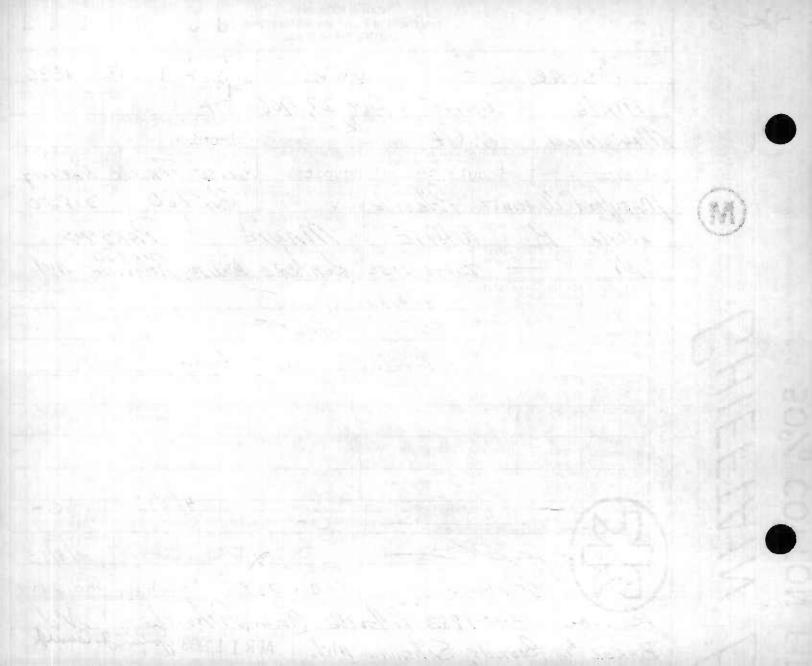
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10-6	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8	6 4 2
	- STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.	
	1. DECEASED NAME FIRST	MIDDLE LAST ZO, DATE OF DEATH MONTH GAY	YEAR 76. HOUR
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	236 BURIAL CREMATION, REMOVAL	11h. DATE 11k NAME OF GEMETERY OR CREMATORY 216 LOCATION	OLACY AA STATE
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